Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH birth date shown on: 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) and information carefull of death clearly and Hagnital, lestifation, or street address where death accurred: Street No (If rural, give LOCATION) New long in hospital or inclitation?..... 3. (b) Social Security Number MEDICAL CERTIFICATION decareed (ma., day, yr.) & AGE: 10. Newal ecompetion...... WITH UNF, (Include pregnancy within 8 months of death) Major findings of operations..... LAIMLY, especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Cemeter Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Means of Injury injured at work?

THE RESERVE OF THE PARTY OF THE

Acres de la companya del la companya de la companya

A STATE OF THE PARTY AND A STATE OF THE PARTY Sugar 20 7 Middle Lower drigher Co. RECEIVED AUG 14 1948

District Science and a

WITH UNFADING INK. Supply every item of information carefully. In important. Physicians: please write the causes of death clearly and legib

PLAINLY, vis especially

PLEASE WRITE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

08352

CERTIFICATE OF DEATH

g. Diat. No. 131

| 1. PLACE OF DEA | TH: Freder | ei ok | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | |
|---|---------------------------------------|-------------------|---|--|---|--------------------------------|---|
| County | | ***************** | ral Route #5 | State Maryland County Frederick | | | |
| City or town(If ou | tside city or town l | imits, write I | RURAL and give nearest town) | 100 | | ral Route #5 | •••••••• |
| How long in above place o | of death? 2 3 | rears | | Oity or town(If out | side city or town limit | s, write RURAL and give n | earest town) |
| Hospital, institution, or s | street address where | death occurre | i: | Street No | | | |
| *************************************** | | | | | (If rural, give | | |
| How long in hospital or i | institution? | | | 2.(a) If veteran, name wa | ı Norie | •••••• | |
| 3. (a) FULL NAME | | | | 3. (b) Social Security Number | | | y Number |
| | Jenni | le H. E | aker | | | None | |
| 4. Sex | 5. Color or race | 6.(a)Sing | e, married, widowed, or divorced | | MEDICAL C | ERTIFICATION | |
| Female | White | Wid | owed | 2D. DATE OF DEATH | August | 11th 19 48 | 3.10:30P. |
| a (b) None of busheed W | Geor | re F. E | laker | 21. I CERTIFY that death | occurred on the date abo | ove stiled; that I attended de | ceased from |
| | | | | ang | | 17 to aug 1 | 19 🛠 💥 |
| T. Birth date of | | | c) If alive, give ageyears | and that I last saw h L | Aalive on The | 911 | 19 K.X. |
| deceased (mo., day, yr. | | Days | 6-1879 | Immediate cause of dea | th | | DURATION |
| 8. AGE: Years | Months | | | | | | |
| 68 | 8 | 16 | hrs. min. | | ****************************** | | |
| 9. BirthplaceFI | rederick (| County | Maryland | Due 16. | | | 5 (50 |
| 10. Usual occupation | (Town | , county, and | state) | asaco | Vascular | aisease | 274 |
| | | | | Due to | | | |
| 11. Industry or business | | 20 | | | *************************************** | | |
| | | | | Other conditions | | ••••••• | |
| | Freder | Lek Cou | mty Md. | (Includ | le pregnancy within 3 | months of death) | |
| 14. Maiden name 15. Birthplace | Cha | rlotte | Trout | Major findings of opera | | | |
| N 15. Birthplace | | | ck County Md. | | | Date of op | |
| | . Henry | | | Antoney results | | 1 | |
| TO. SHIOTHIGHT | | | Maryland | PHYSICIAN: Please un | derline the cause to w | hich death should be charge | ed statistically. |
| | | | | 22. VIOLENCE: If deat | h was due to external ca | uses, fiil In the following; | |
| 11 Burial | · · · · · · · · · · · · · · · · · · · | Date the | month) (day) (year) | Accident, suicide, or hor | nicide | Date of | |
| Cemetery or wremater | Mount | | Cemetery | Whers did Injury occur? | - (8:- / | (County) | (State) |
| Cemetery or wemater | Freder: | ick. Ma | rvland | Injured at home A | nductry nublic place (w | vhere?) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Location | | | *************************************** | Means of Injury | mananti ham a higae (s | Injured at work? | |
| 18. Funeral director | | | | 1 | - 11 | , | |
| Address | Freder | ick, Ma | ryland | | SHarl | 3 | |
| 12-01. | c 11/ | Ç | 0: Door ly Horala | 23. SIGNATURE | | |), or other |
| 19. Date rec'd by reg | 9.4.8 | | Registrar | Address. | Metou | | 17-12-K |



CERTIFICATE OF DEATH

08353 Reg. Diat. No. 134

| | | 4- | | | |
|---|----------------------|---|---|--------------------------------------|---|
| 1. PLACE OF DEA | | | | 2. USUAL RESIDENCE (H | |
| county Fred | erick | | *************************************** | Mosellan | a strederick |
| City or town Enmitsburg Rural (If outside city or town limits, write RURAL and give nearest town) | | | RURAL and give nearest town) | State. | Taked Paral |
| New Jane In chose place | of dooth? 50 V | rs | | City or town | r town limits, write RANAL and give pearest town) |
| Hospital, institution, or | street address where | death occurre | d; | (ilh do an | f it will took |
| | | | | Street No | If rural, give LOCATION) |
| How long in hospital or | Institution? | | | 2.(a) It veleran, name war | |
| 3. (a) FULL NAME | | | | | 3. (b) Social Security Number |
| ' ' | | | | | |
| James | s H.Birely | | | | none |
| 4. Sex | 5. Color or race | 6.(a)Sing | le, married, widowed, or divorced | MED | ICAL CERTIFICATION, |
| M | W | D | narried | (1) | 40 21 |
| | | | | 2D. DATE OF DEATH | 19 at |
| 6.(b) Name of husband | or wife Annie | E.Star | nbaugh Birely | 21. I CERTIFY hat death occurred o | n the date above street; that lattended deceased from |
| | | | | ars / | U 10 10 Mag 1 19. |
| 7. Birth date of | Fab 25 | 7000 | (c) If alive, give ageye | and that I last saw hammalive | on the 2 7 19.4 |
| deceased (mo., day, y | .) rev. 2) | 101% | | Immediate cause of death | DURATION |
| 8. AGE: Years | | Days | tf less than one day | Congestine | caraco |
| 76 | 5 | 9. | hrsn | in -vale cular | delease 2 mo. |
| 9. Birthplace | Frederick | Cound | -v | Due to | |
| 9. Birthplace | (Town, | county, and | atate) | Thurs of 7 1/1 | al desincation 1041 |
| 1n. Usual occupation | Farmer | 10 | | | |
| | 7 7 7 | *************************************** | | Due fo. | about Alder WA |
| 11. Industry or business | | | | - and | Dio La |
| 里 12. Name Tho | mas Birely | r | *************************************** | Other conditions | |
| 12. Name Thomas 13. Birthplace | | Md | | | |
| | Mary B.Ha | hn | | (Include pregnan | ncy within 3 months of death) |
| 14. Malden name 15. Birthplace | mer J Delle | Md | | Major findings of operations | |
| ∑ 15. Birthplace | | MICL | | | Date of op. |
| 16 Informant Ann | ie Stambau | igh Bir | ely | Antopsy results | |
| | Emmitsbu | | | PHYSICIAN: Please underline the | e cause to which death should be charged statistically. |
| Address | | | | 22. VIOLENCE: If death was due t | to external causes, fill in the following: |
| Buri | 9] | Date the | (month) (day) (year) | Accident, sulcide, or homicide | Dafe of |
| (Burial, eremation | or removal, Which? | | | | |
| Cemetery or cremato | , Leysvil | Te | | mnere ulu injury occurr(Ci | ity or town) (County) (State) |
| Leading Kaw | wille Mdl | TAT. | | Injured at home, farm, Industry, pul | biic place (where?) |
| EUGATION | | USS & | | Masns of Injury | Onjured at work? |
| 1B. Funeral director | | | | | N/// 1// 1.0 |
| Address | 1 | aneyto | wn, Md. | e N | N. Cadle M.D. |
| (1) | 2 11 1 | - 1 | The Xlore 1 | 23. SIGNATURE | M. D. or other |
| 19. Jack | 4-1944 | (// | 11/20100 | 5111111 | physical V-3-U |
| (Date rec'd by | ristrat) | | Roget | ar Address | Date signed |

FOR MARGIN RESERVED 986

Supply every item of information carefull ease write the causes of death clearly and

AUG 11 1948
BUREAU V. S.

117

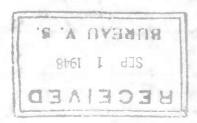
137a

08354

CERTIFICATE OF DEATH

Dist. No. /3/

| | Reg. Diat. No. |
|--|--|
| 1. PLACE OF DEATH: County City or team. (If outside city or town limits, write RURAL and give How long in above place of death? Hospital, Inetitution, or street address where death occurred: How tong in hospital or institution? 3. (a) FULL NAME 4. Sex 5. Color or race 8. (a) Single, married, widowed | City or At Coutside city or town limits, write AURAL and give nearest town) Hospital Street No. Course (If rure), give LOCATION) 2.(a) If veleran, name war. |
| S. (d) FULL HAME Mushen Wal | 3. (b) Social Security Number 187-10-8829 |
| 4. Sex 5. Color or race 8.(a) Single, married, widowed the Mule White Mule | |
| 6,(b) Name of husband or wife. Follow. 8,(c) If alive, give age | 21. I CERTIFY that death occurred on the date above stated; that I attended decessed from 19.4.8., to |
| 7. Birth date of deceased (mo., day, yr.) Movember 10 | 1875 and that I last saw h had alive on Council 2 19.8. |
| 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than on hrs. 9. Birthplace (Town, equanty, and state) | 1 |
| 9. Birthplace | Oue 10. |
| = 12. Name | Maryland. The talecting |
| THE 13. Birthplace A redesiche Country 14. Maiden name Celico Wester 15. Birthplace A gedesiche Country 15. Birthplace A gedesiche Country 1. | Major fiedings of operations of fee while I make wenter water try |
| 16. Informant 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Actopsy resolts. PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| | 22. VIOLENCE: If death was due to external causes, 1ill in the following; Accident, suicide, or homicide |
| 16000000 1/10 | Where did injury occur? |
| Location Dead Novom 1314 | Injured at home, farm, Industry, public place (where?) |
| Address Filancis, Manylan | de GROLONION MIL |
| | |



08355

| CERTIFICAL | IE OF DEATH Reg. Dist. No. | | |
|---|---|--|--|
| 1. PLACE OF DEATH: County Frederick City or town State Sanatorium (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 mo.* Hospital, Institution, or street address where death occurred: Mary; and Tuberculosis Sanatorium How long in hospital or institution? 1 mo.* 3. (a) FULL NAME Fran Bowers | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Balto - City City or town Baltimore, Md. (If outside city or town limits, write RURAL and give nearest town) Street No. 1221 Ensor St. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number 218-18-1085 | | |
| 4. Sei 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| ma le white Ma rried | 2D. DATE OF DEATH. August 5 19 48 at 9:30 | | |
| 6.(6) Name of husband or wife Thelam Bowers 6.(c) If alive, give age 3.3 years 7. Birth date of deceased (mo., day, yr.) 8/26/07 | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/30/48 19 to 8/5 19 4 and that I last saw h im alive on 8/5 19 4 | | |
| 8. AGE: Years Months Days If less than one day | Pulmonary Tuberculosis 6 mos | | |
| 9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation Bartender 11. Industry or business 12. Hame Louis Bowers 13. Birthplace Maryland | Due to | | |
| 14. Maiden name A manda Shipley | (Include pregnancy within 3 months of death) Major findings of operations. | | |
| 16. Informant | Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. | | |
| Address 17. Buttial. (Burial, cremation, or removal, Which?) Cemetery or crematory Moreland Consistency Location Protected Baltiques Md. 18. Funeral director M. C. Creager & Son. Address Shurmont May A Plate ret & by refestrar) 19. Registrar Registrar | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide | | |

MARGIN RESERVED FOR BINDING

AUG 7 1948
RUREAU V. S.

age

MARGIN RESERVED FOR BINDING

VS A15

08350

CEDTIFICATE OF DEATH

137

| 1. PLACE OF DEATH | | | 2. USUAL RESIDENCE (HOM (For newborn infants give residen | E) OF DECEASED: | |
|-------------------------------|--------------------|--|---|---|---------|
| 1. PLACE OF DEATH: | ck | | (For newborn infants give residen | nce of mother) | |
| Freder | rick | | State Mary Land | County Frederick | |
| (If outside | e city or town lin | nits, write RURAL and give nearest town) years | City or town Frederick | limits, write RURAL and give nearest Iarket Street | |
| How long in above place of de | ath? | years | (If outside city or town | limits, write RURAL and give nearest | town |
| | | leath occurred: Street | Street No. 111 SOULT IN | BLKet Street | |
| TIT DOGGII | Maingu | 201.000 | 2.(a) It veteran, name war None | I. give LOCATION) | |
| | iution? | ······································ | 2.(a) It veteran, name war | | ******* |
| 3. (a) FULL NAME | | | | 3. (b) Social Security Nur | mber |
| JI | ESSE WI | LBUR BROWN | | | |
| 4. Sex 5. 0 | Color or race | 6.(a) Single, married, widowed, or divorced | MEDICA | L CERTIFICATION | |
| M | W | M | Δ17.0 | gust 27, 19 48 ,at | 10 |
| | | - TT 3.3 | | | |
| 6.(b) Name of hysband or wil | , Franc | is Ann Hobbs | 21. I CERTIEY that death occurred on the d | ate above stated; that attended deceased | from |
| | | 6 (c) If alive give age 74 | ars . | 19. in, 10 | |
| 7. Birth date of | Senter | ber 5, 1874 | and that I last saw ii | 200 | 1 |
| | Months | Days It less than one day | | | |
| 8. AGE: Years 73 | 11 | 00 | Carcinon | a nock | ð. S |
| | | | n. | | |
| Balti | lmore, | Maryland | Due to | | |
| 3. Bittiplace | (Town, | county, and state) | | | |
| 10. Usual occupationRe | erirea | •••••• | Due to | | |
| | TRUITER | Conductor | | | |
| El . Jesse | e Willi | am Brown | Other conditions | | |
| Ta Plate Wes | sterly. | am Brown R. I. | - The salement | | |
| | 10 A MI | | (Include pregnancy wi | thin 3 months of death) | |
| 芒 14. Maiden nameA.I | HOTTH V | ennedy | Major findings of operations | | |
| E 15. Birthplace Ann | napolis | ennedy , Maryland eis Brown | | Date of op. | |
| Mrs. | Franc | is Brown | Autopsy results | | |
| יס דר ד | Market | St., Frederick, Md | PHYSiCIAN: Please underline the cause | e to which death should be charged stat | istical |
| Address | MEL NO C | 0/70/40 | 22. VIOLENCE: If death was due to exten | rnal causes, fill in the following; | |
| Burial | | Date thereof 8/30/48 (month) (day) (year) | | Date of | |
| (Burial, cremation, or r | Mount | Olivet Cemetery | | town) (County) (S | |
| Cemetery or ocemetory | The sale | tale Manager 2 | | | |
| Location | rreder | ick, Maryland | Injured at home, tarm, industry, public pi | ace (where?) | |
| | M. R. | Etchison and Son | Means of Injury | Injured at work? | |
| 18. Funeral director | Preder | of ole Manyland | *12-1 | | |
| Address | Treder | rick, Maryland | 23. SIGNATURE NOTICE | uce | M. |
| 200000 | | Elizabeten & Head | 1 77 3 1 | M. D. or o | ther |
| 19. | 19Ht.& | Regist | Address Frederick, A | Mary Land Date signed 8 | ال سا |



08357

contrect age

MARGIN RESERVED FOR BINDING

| | CERTIFICAT | LE OF DEATH | Reg. Diat. No. | |
|---|--|--|--|--|
| City or tame Frederick (If outside city or town li How long In above place of death? 50 Hospital, institution, or street address where 6 water St How long In hospital or Institution? | | 2. USUAL RESIDENCE (HOME) (For newborn infants give residence of State Maryland City or teas Frederick (If outside city or town liming Street No. 6 Water St. (If rural, given and the state of the sta | ounty Frederick its, write RURAL and give nearest town) ve LOCATION) | |
| 3.(a) FULL NAME Charle | s Curtis Burdette | | 3. (b) Social Security Number | |
| 4. Sex 5. Color or race white | 6.(a)Single, married, widewed, or divorced married | | CERTIFICATION | |
| deceased (mo., day, yr.) T. Birth date of Dec. | | | sbore stated; that I attended deceased from 19 | |
| 70 7 | _3 hrs. min. | HRTERIO - SCLEROTIO | | |
| 10. Usual occupation Laborer Corp of | Frederick, Streets | Oue to | | |
| 11. thdustry or business 12. Name Charles Business 13. Birthplace Fred Co | o., Md. | Other conditions | | |
| Fred. Co | | Major fiedings of operations | Date of op | |
| 16. Informant Mrs. Berths | S. Surdette Frederick, Md. | PHYSICIAN: Please coderline the cause to | | |
| to burial (Burial, cremetal, Which) | Oate thereof. 8 / 3 /48 (month) (day) (year) | | Date of | |
| Frederick | ivet Cemetery, Md. | Injured at home, farm, Industry, public place | (County) (State) | |
| tB. Funeral director | Md. | Meane of Injury 23. SIGNATURE Clearles | La Corley M. a. | |
| 19. 2 Que 19. 19.4 8 (Date rec'd by revistrar) | Elizabeth & Hech | 0 4 11 10 10 10 | M. B. of other M. B. of other M. Date signed 8/1/48 | |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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08356

CERTIFICATE OF DEATH

Dist. No. 131

| | | | | | 1106. | |
|--|--------------------|-----------------|--|---|---|--|
| 1. PLACE OF DEATH: County Frederick Otty or town | | | | 2. USUAL RESIDENCE (HOME) (For newborn infants give residence | OF DECEASED: of mother) | |
| | | | | State Marylani County Frederick City or team (If outside city or town limits, write RURAL and give nearest town) | | |
| How iong In above place Hospital, Institution, or | ot death? | time | | | | |
| Mon te | | death occurred. | | | lest Patrick Street | |
| How long in hospital or | | Years | | 2.(a) It veteran, name war. None 3.(b) Social Security Number | | |
| 3.(a) FULL NAM | | | | | | |
| М | ISS ALICE | CRAMER | | | None | |
| 4. Sex | 5. Color or race | | , married, widewed, or divorced | MEDICAL | CERTIFICATION | |
| Female | White | S | ingle | 2D, DATE OF DEATH August | : 15th 19 48 ,10:10 | |
| 6 (b) Name of husband | or wife | | ••••• | 21. I CEBRIFY that death occurred on the date | above stated; that I atjended deceased from | |
| | | |) If alive, give ageyears | . / | 1946 to Aug. 15 194 | |
| 7. Birth date of deceased (mo., day,) | 220/ | | The state of the s | | DURATION DURATION | |
| 8. AGE: Years | | Days | If less than one day | Immediate cause of death | Sturvely (and | |
| 85 | 3 | 3 | hrs min. | | | |
| 9. BirthplaceF | rederick | County, | Maryland | Due to | | |
| 10. Usuai occupation | Ratired | | | Due to | | |
| 11. Industry or busines | s | | | Due to | | |
| | m P. Cram | er | | Other conditions | | |
| | | | Maryland | | | |
| | Margaret | | | (Include pregnancy within 3 months of death) Major findings of operations | | |
| 14. Maiden name 15. Birthplace | Frederick | County | , Maryland | | | |
| | | | | | | |
| 10, 13,101,111,111,111,111,111,111,111,111,1 | Frederick | | | Autopsy results | | |
| Address Buria | | | | 22, VIOLENCE: It death was due to external | | |
| (Burial, cremation | or removal, Whieli | | (month) (day) (year) | Accident, suicide, or homicide | | |
| Cemetery or wromet | 01) | | metery | | n) (County) (State) | |
| | | | e, Maryland | Injured at home, tarm, Industry, public place | | |
| 1B. Funeral director | C. E. | Cline & | : Son | Means of Injury | Injured at work? | |
| Address | Freder | ick, Ma | aryland | 23. SIGNATURE & Servar | & Humas & M. M. | |
| 19. 16 au | 9 1948 | 13 | izabeth y Hech. | Trederich | MD. or other / Dato signed \$116/U | |
| (Date rec'd by re | egistrar) | | 1) Registrar | Address | | |

ADING INK. Supply every item of information

WRITE PLAINLY

PLEASE

A15

MRGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

Frederick, Maryland

... Date signed. 8-2-48

| | | CERTIFICA | TE OF DEATH | Reg. Dist. No. | | |
|---|--|---|---|---|--|--|
| How long in above phospilal, institution, Freder | erick ederick froutside city or rown is ace of death? or street address where ick Memori | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale Maryland County Frederick City or the Frederick (If outside city or town limits, write RURAL and give nearest town) Street No. 16 West 13th Street (If rural, give LOCATION) None | | | |
| 3. (a) FULL NA | ME | RDENE CRAMER | | 3.(b) Social Security Number None | | |
| 4. Sex | 5. Color or race | 6.(a)Si ngle, marri ed, widowed, or diversed | | ertification st lst 18 48 at 10:50 | | |
| 7. Birth date of deceased (mo., da | Novembers Months | 750n D. Cramer | Immediate cause of death | 75 to Cary 19.4.6 19.4.6 DURATION | | |
| 1D. Usual occupatio | At Home ness lummer Ijs | | Due to Orlens der | notice de | | |
| 13. Birthplace | Frederick Mary Wo Frederick | County Maryland County Maryland G. Renn | (Include pregrancy within 3 r | months of death) | | |
| Address 16 | W. 13th S | St., Frederick, Md. | Autopsy results. MAL PHYSICIAN: Please underline the cause to wi | hich death should be charged statistically. | | |
| (Burial, cremat | Glade (| Gemetery (month) (day) (year) | 22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide | Date of | | |
| Location | M. R. E | lle, Maryland Etchison and Son | Injured at home, farm, industry, public place (will Means of injury | Injured at work? | | |
| Address | Frederi | ck, Maryland | 23. SIGNATURE | Cearre M. D. | | |

A15 NS

19. 3 (Lug (Date rec'd by restrar)

age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consistence of information can be specially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



AUG 5 1948

BURFAU T. S.

08360

age

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

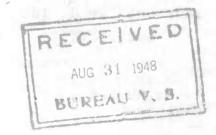
PLEASE WRITE PLAINLY, is especially

VS A15

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

| CEF | RTIFICATE OF DEAT | H Reg. Dist. No. 144 |
|---|--|--|
| 1. PLACE OF DEATH: Prederick County Thurmont City or town timits, write RURAL and give the long in above place of death? Life How long in above place of death? Life Hospital, Institution, or street address where death occurred: | (For newborn infan Maryland State Thur City or town (If outside | mont de city or town limits, write RURAL and give nearest town) none for the control of the con |
| 3. (a) FULL NAME | | 3. (b) Social Security Number |
| MARTIN LUTHER CREAG | | none |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed Married Married | | MEDICAL CERTIFICATION Quanta 25 1948 11 / in S. |
| Mary H. Wisotzke | V 20. DATE OF DEATH | ccurred of the date above stated; that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) May 5, 1866 | auf that I last saw h. L | 1918, 10 Comp. 25 19 4. alive on 25 0 19 4. DURATION |
| 8. AGE: Years Months Days If less than on 82 3 20hrs. | Cerebra | |
| Thurmont Frederick Co RefTh county, and state) 10. Usual occupation. 11. Industry or business 12. Name. MaThurmont, Md. | Due to | mu myscardiki arth fiftig |
| Phoebe E. Firor 14. Malden name Thurmont, Md. | Major findings of operation | |
| Mrs. M. L. Creager Thurmont, Md. | Antopsy results | Date of op. |
| Burial Burial Date thereot. Aug. (Burial, cremation, or removal. Which?) Blue Ridge Thurmont, Md. | (day) (year) Accident, suicide, or homic Where did Injury occur? | was due to external causes, till in the following: cide |
| Location Y Crosson & Se | | lustry, public place (where?) |
| 18. Funeral director Thurmont, Md. | as CIONATURE (MA | mush Gust Ile |
| | Z3. SIUNAIUNEXX.LIJ | # of the state |





| CERTIFICA | ATE OF DEATH | Reg. Diat. No. |
|--|---|--|
| 1. PLACE OF DEATH: County City or town. (If outside city or town lippus, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: | Street No. | e of mother) |
| How long in hospital or Institution? | 2.(a) If veteran, name war | |
| 3. (a) FULL NAME Clay ton R. Lewil | biss | 3. (b) Social Security Number |
| 4. Sex 5. Color or sace 6.(a) Single, married, widowed, or divorced Wale White Wedower | MEDICAL 20. DATE DF DEATH. Surgus | CERTIFICATION 19 48 at 2:15 |
| 7. Birth date of deceased (mo., day, yc.) Selat. 16-1860 | and that t last saw h. Likaqallve on | 19.44 9 10 ang 4 19.4 8 2 19.44 |
| 8. AGE: Years Months Days It less than one day 9. Birthplace Machania (Town, county, and state) | | rombres : |
| 11. Industry or business 12. Name | Other conditions | |
| 14. Maiden name Slavah I Helleling 15. Birthplace Wary Cling | (Include pregnancy within | |
| 16. Informant This Have Bulle R. W. Wid. | Autopsy results PHYSICIAN: Please underline the cause to | o which death should be charged statistically. |
| (Burial, cremation, or removal, Which?) Cemetery or crematory Language Company C | 22. VIOLENCE: If death was due to external Accident, suicide, or homicide | Date of |
| Location Cluster Lawrence Brown Brow | Injured at home, farm, industry, public place Means of injury | (where?) |
| Address won Berages They benefit to | 23. SIGNATURE 2 | M. D. or other |

Registrar Address.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

WRITE

PLEASE

MARGIN RESERVED FOR BINDING



CEDTIFICATE OF DEATH

8:30A

| | | CERTIFICAT | L OF DEATH | Reg. Dist. No. 127 |
|--------------------------------------|-------------------------|--|---|------------------------------------|
| 1. PLACE OF DI | There does | ick | 2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m | DECEASED: |
| St: | | | State Maryland Count | ly |
| City or town(If | outside city or town | imits, write RURAL and give nearest town) | Reltimore | |
| How long in above place | e of death? Sin | orium, Maryland imits, write RURAL and give nearest town) CC 6/25/48 | (11 outside city of to this finance) | write RURAL and give nearest town) |
| Hosnilal, institution, o | or street address where | dealh occurred: | Street No. 3429 Cliftmon | t Ave. |
| Maryland | Tubercu | losis Sanatorium | (If rural, give L | OCATION) |
| How long in hospital | or institution? Sin | ce 6/25/48 | 2.(a) It veteran, name war. NO | |
| 3.(a) FULL NAM | lliam B. | Easton | | 3.(b) Social Security Number None |
| 4. Sex | 5. Color or race | 6.(a)Single, married, widowed, or divorced | MEDICAL CE | RTIFICATION |
| Male | White | Married | 2D. DATE DF DEATH August 8 | |
| | | ica Easton | 21. I CERTIFY that death occurred on the date above June 25 | 8 . Aug. 8 |
| | | | and that I last saw h i.m. alive on Allg | |
| 7. Birth date of deceased (mo., day, | yr.) Novemb | er 20, 1898 | | |
| 8. AGE: Year | | Days It less than one day | Immediate cause of death | |
| 49 | 8 | 19min. | Pulmonary Tubercu | LOSIS |
| 9. Birthplace | Staunton, | Virginia eounty, and state) | Due to | |
| | | | | |
| | | Ornon | Due to | |
| 11. Industry or busine | Tavern | Owilet | | |
| 里 12. Name | Villiam E | aston Virginia | Dther conditions | |
| 13. Birthplace | Staunton, | Virginia | (the lude pregnancy within 8 mo | |
| Malden name | Lucy Br | own | | |
| O | Staunto | n. Virginia | Major findings of operations | |
| ≥ 1 15. Birthplace | Doddiio | own n, Virginia aston. Wife | | |
| 16. Informant V 6 | eronica E | aston, Wife | Autopsy results. | |
| Address 3429 | 9 Cliftmo | nt Ave., Balto., Md. | PHYSICIAN: Please nuderline the cause to which | |
| | | | 22. VIOLENCE: If death was due to external cause | |
| (Burial, erematio | on, or removal, Which? | Date thereof 8/11/48 (month) (day) (year) | Accident, suicide, or homicide | Dale of |
| Cemetery 2 36262 | Greenm | ount | Where did Injury occur?(City or town) | (County) (State) |
| Location Bal | timore, | Maryland | Injured at home, farm, Industry, public place (whe | |
| 18. Funeral director | W. J. Ti | ckner & Sons | Means of Injury | Injured at work? |
| | | a Aya. Bal tp., Md. | R 6 Salei | |
| Aug.] | L8 19 48 registrar) | Registrar | Address State Sana torium | M. D. NEWSTEK |

FOR BINDING

RESERVED

WITH UNFA

RITE

EASE

RECEIVED

AUG 20 1948

BUREAU V. S.

RECEIVED

AUG 26 1948

BUREAU V. S.

| | ATE OF DEATH 830 Reg. Diat. No. 137 |
|--|--|
| County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. County County County City or town. City or town limits, write yural and give nearest town) Street No. (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) It veteran, name war |
| 3. (a) FULL NAME African A Feller | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced | 2D. DATE DF DEATH. 2004 19 4 8 at 9 A |
| 5.(b) Name of husband or wite Sallie A Bustails 5.(c) It alive, give age 7 4 ye 7. Birth date of | 21. I CERTIFY that death occurred in the date above stated; that Lattended deceased from |
| 1. 8irth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9 4hrs. | and had I last saw h |
| 9. 8irthplace | |
| 1D. Usual occupation | Due to |
| 12. Name Agril H Filler 13. Birthplace Hredelrich County | |
| 14. Malden name Frederich County 15. Sirthplace Frederich County | (Include pregnancy within 3 months of death) Major fiudings of operations. |
| 16. Informant Harry T Theller | Autopsy results. |
| Address Walpersville md | PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: |
| (Burial, cremation, or removal, Which?) Cemetery or crematory. Many to face of the control of t | Accident, suicide, or homicide |
| Location Listely Town | the state of the s |
| 18. Funeral director & C. Baston | Means of injury Injured at work? |
| Address Malphrovill | 23. SIGNATURE LA |

MARGIN RESERVED FOR BINDING

PLEASE

(Date reg'd by registrar)



| | | | CERTIFIC | County Prederick City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 115 North Market Street (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) None 3. (b) Social Security Number None | | |
|--|---------------------|--------------------------------|---|--|--|--|
| How long In above pi Hospital, institution, 115 No | ederick | e death occurred: t Stre | JRAL and give nearest town) | | | |
| 3. (a) FULL NA | MARY CR. | AMER F | 'ROMKE | | | |
| 4. Sex | 5. Color or race | 6.(a) Single, | married, widowed, or divorced M | MEDICAL CERTIFICATION 20. DATE OF DEATH. August 11,9 48, 3:554 | | |
| 6.(5) Name of husba | Fohme | 6.(e) | Fromke If alive, give age 70 1879 | and that I last saw h. X allve on | | |
| 8. AGE: Y | Months 5 | Days 12 | If less than one dayhrs. | Immediate cause of death DURATION | | |
| 10. Usual occupation | At Home | Lorent | | Due to | | |
| 14. Maiden na 15. Birthplace | Catheri Frederic | ne S. k Coun | Cramer ity Maryland | (Include pregnancy within 3 months of death) Major findings of operations | | |
| Address 115 Buris (Burial, oremoti | N. Marke | t St., | Frederick, 8/13/48 (month) (day) (year) Cemetery | 22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide | | |
| Location | Freder | ick, M Etchis | Maryland Son and Son | | | |
| 19. 12 Qu (Date rec'd by | 19.48 | El | izalith 5 tel | 23. SIGNATURE M. D. or other Frederick, Maryland Date signed 8-12-4 | | |

RECEIVED

AUG 1 / 1948

RUPEAU V. S.

A15 SA

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecially important. Physicians: please write the causes of death clearly and legibly. PLEASE

| MARYLAND | STATE | DEPARTMENT | OF | HEALT |
|----------|-------|------------|----|-------|
| | | 1 6 5 14 | | - |

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

LTH 59a Reg. Dist. No.

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|---|
| County | |
| Cily or town (If outside city or town limits, write RURAL and give nearest town) | State County County County |
| | City or town |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | Sireet No. 6/5 Gast D St |
| 6.15 Gast 11 22. | (If rural, give LOCATION) |
| How long In hospital or Institution? | 2.(d) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| 4. Sex 5. Color or racg 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| mak Col. Suigo | |
| 777004 | 20. DATE OF DEATH |
| 8.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date slave stated; that I attended deceated from |
| S.(c) If alive, give age yea | ars () |
| 7. Birth date of (11.0) 27 1927 . | and that I last saw hammalailve on |
| deceased (mo., day, yr.) | Immediate cause of death |
| 8. AGE: Years Months Days if less than one day | |
| 25- 11 6mi | in. |
| Mary Pared . In | Due to |
| 9. Birthplace (Town, county, and state) | |
| 10. Usual occupation day Jahren none for the | |
| Red Strange | Due to. ASTALLA |
| 11. industry of business | |
| 12. Name to halls femy Tills 4 13. Birthplace Mary Land | Other conditions |
| 13. Birthplace Mary Land | |
| | (Include pregnancy within 8 months of death) |
| E 14. Maiden name | Major findings ol operations |
| 14. Maiden name Alece M. Monroe 15. Birthplace Masy Land | |
| m. alidin manage | |
| 18. Informant | PHYSICIAN: Please auderline the cause to which death should be charged statistically. |
| Address Grunewick Mid. | |
| - Bus 9 /941 | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal. Which?) Date thereof | Accident, suicide, or homicide |
| Cemetery or crematory Manualania Camillary | Where did lajury occur? |
| 1 Macelland | Injured at home, farm, industry, public place (where?) |
| Location Location | Means of Injury Injured at work? |
| 18. Funeral director. Q | 10 0 |
| Address Brunswick M. | CM Amures |
| Que 8 48 Kathays & Brown | 23. SIGNATURE |
| (Date recall by registrar) | Far Address Date signed A |

RECEIVED

AUG 12 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: County Frederick City or town State Sanatorium, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 7/19/48 Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution? Since 7/19/48 | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or town (If outside city or town limits, write RURAL and give nearest town) Street No. R. F. D. 4, BOX 395 (If rural, give LOCATION) 2.(a) Il veleran, name war. 3. (b) Social Security Number | | | |
|---|---|--|--|--|
| 3. (a) FULL NAME | | | | |
| Linnie B. Grabenstein | None | | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | | |
| Female White Married | 20. DATE OF DEATH August 8 19 48 a) 9:15A | | | |
| 6.(b) Name of husband oxidix George A. Grabenstein 6.(c) If alive, give age 48 7. Birth date of deceased (mo., day, yr.) September 5, 1895 | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 19.48 10. Aug. 8 19.48 and that I last saw h. e.r. alive on August 8 DURATION DURATION | | | |
| 8. AGE: Years Months Days It less than one day 52 11 3 hrsmin | Immediate cause of death DURATION 18 Mos. | | | |
| 9. Birihplace Cumberland, Maryland (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business 12. Name Robert Adams Robert | Due 10 | | | |
| 14. Maiden name Cora Long 15. Birthplace Maryland 15. George A. Grabenstein, Husband | (Include pregnancy within 3 months of death) Major findings of operations | | | |
| Address R.F.D.4, Box 395, Cumberland, Md | provential by the state of the | | | |
| Burial Bate thereon 8/11/48 (Burial, cremation, or removal, Which?) Cemetery XXXXXX Sts.Peter & Paul Cemetery | 22. VIOLENCE: 11 death was due to external causes, fill in the following; Accident, suicide, or homicide | | | |
| | Injured at home, 1arm, Industry, public place (where?) | | | |
| Location Cumberland, Maryland 18. Funeral director Hafer Funeral Service | | | | |



2411 N. Charles St., Battimore

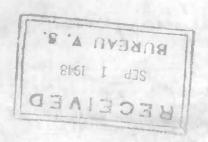
CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|---|
| County The Addition | (For newborn infants give residence of mother) |
| | State County County |
| y or to (If outside city or town limits, write RURAL and give nearest town | City or to Brusseyce |
| ow long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| ospital Institution, or street address where death occurred: | Street No. Sta UH. |
| The state of the s | (If rural, give LOCATION) |
| ow long in hospital or institution? | 2.(a) It veteran, name war |
| 3. (a) FULL NAME Lottie Regina Her | 3. (b) Social Security Number |
| Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| temale white marice | 20. DATE OF DEATH |
| (b) Name of husband or wife little bruy B. Hedges | 21. I CERTITY that death occurred on the date above stated; that I attended deceased from |
| . 6.(c) It allve, give age | years and the 1 list saw here alive on ang > 8 19 # |
| Birth date of deceased (mo., day, yr.) Upril 15 = 1880 | Immediate cause of death. OURATION |
| 3. AGE: Years Months Days It less than one day | amelia in a manage 10 Mil |
| 68 4 14hrs. | min. |
| P | Charge Man Culled 14 |
| (Town, county, and state) | Due to Due to Day Culied of Day (Culied |
| 1B. Usual occupation African | |
| | Due to |
| 1. Industry or business | Carman Gec. 390 |
| 12. Name | Other conditions |
| 13. Birthplace | (Include pregnancy within 3 months of death) |
| 14. Maiden name Lead Harman | |
| 14. Maiden name Pa | Major fiedings of operations. |
| El 15. Birthplace | Date of op. |
| 16. Informant dulling 5. Hedge | Aotopsy results. |
| Address Brunswick Md. | PHYSICIAN: Please noderline the cause to which death should be charged statistically. |
| 6 · 1 C. V 1 | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cramation, or removal White) (Burial, cramation, or removal White) | Accident, suicide, or homicide |
| Fact 7/amlh | Where did injury occur? (City or town) (County) (State) |
| Cemetery or crematory | |
| Location / Charles | Injured at home. farm, Industry, public place (where?) |
| 18. Funeral director Co. A. Tells + Inv | Means of Injury Injured at wack? |
| ID. FUNETAL DIRECTOR. | 1 / 185 |
| Address / sumsuse //a | 23. SIGNATORS (L.).//MCC |
| 300mg sus Blighton 4th | M. D. or other |
| (Date rec'd by registrar) | gistrar Address Action Date signed 0/27/4 |

FOR BINDING MARGIN RESERVED

A15

SA



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CEDTIFICATE OF DEATE

737

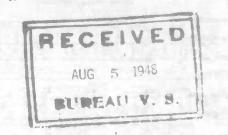
Date signed 8/2/48

| | | | CERTIFICA | IL OF | DEATH | Reg. Diat. No | LOT |
|---|-------------------------|---------------|---|---------------|--|---|---|
| 1. PLACE OF I | Tenioz | | | 2. USU | AL RESIDENCE (HOME) or newborn infants give residence of | OF DECEASED: | |
| Frederick-Kural R. F. D. #3 | | | StateM | laryland . | Frederick | ζ | |
| (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 10 years | | | City on to | Frederick-Ru: | ral R. F. D. | #3 | |
| How long in above pl | or street address where | death necurre | 4. | . | (If outside city or town limi | ts, write RURAL and give ne | earest town) |
| Near L | ewistown | ucam occurre | | Street No. | Near Lewiston | WN | *************************************** |
| How long in hospital | or Institution? | | | 2.(a) If ve | eteran, name war None | e LOCATION) | ************ |
| 3. (a) FULL NA | | ESTEI | LLA HEDGES | | | 3. (b) Social Security | Number |
| 4. Sex | 5. Color or race | | e, married, widowed, or divorced | 1 | MEDICAL | 1 | |
| F | W | | M | | | ERTIFICATION | 0.050 |
| | ** | 1 - | 414 | 1 | OF DEATH August 1 | | |
| 6.(b) Name of husba | nd or wife Clini | ton E. | Hedges | . 21. I CERT | IFY that death occurred on the date at y 31st | ove stated; that I attended dec | eased from |
| | | 6.0 | c) if alive, give age | Jul | y 31st 19 | 48 August | 184, 48 |
| 7. Birth date of deceased (mo., da | Santar | | 23, 1872 | and that I | last saw h er alive on A | | |
| | ars Months | Days | If less than one day | Immediate | bral hemorrha | | . DURATION |
| | 75 11 | 8 | | Cere | oral nemorrna | 8 | 24 hrs. |
| Cre | agerstown | a-Fred | lerick-Maryland | ā | Cardiovascula | r renal | ********************* |
| 9. Birthplace Creagerstown-Frederick-Maryland (Town, county, and state) | | | Due 10 | disease | | period | |
| 10. Usual occupation | At Hor | ne | *************************************** | | <u> </u> | *************************************** | of vest |
| 11. Industry or busin | less | | E COLUMN | Due to | | *************************************** | |
| E 12 Name Ge | eorge R. | Shaw | | B11 | lt lons | •••••••••••••••••••••••• | *************************************** |
| 13. Birthplace | Montgome | ry Cou | inty Maryland | | | *************************************** | * ************************************* |
| <u>~</u> | Carrie | Warne | r | - | (Include pregnancy within 8 | months of death) | |
| Halden nam | Montgo | DAT CON | Intr Manaland | Major find | lings of operations | | |
| 15. Birthplace | Monregome: | ry Cot | er Inty Maryland | _ | | Date of op | |
| 16. Informant. C | linton E. | Hedge | S | . Antopsy re | esults | *************************************** | |
| Address R. | F. D. #3 | Fred | lerick, Marylan | PHYSICIA | N: Please underline the cause to w | hich death should be charged | statistically. |
| Bunic | 1 | | | | ENCE: If death was due to external ca | uses, fill in the following: | |
| (Burial, gremati | on, or removal. Which | Date them | 8/4/48 (month) (day) (year) | Accident, s | sulcide, or homicide | Date of | |
| Cemetery or erem | Utica | Cemet | ery | Where did | injury occur?(City or town) | (Connty) | (State) |
| | | | Maryland | 1 | home, farm, industry, public place (w | | |
| | | | n and Son | Means of Ir | njury | Injured at work? | |
| | Frederic | | | * | (POT | 10 - Ones | |
| ^ | | ON. | . O as O \ | 23. SIGNA | TURE CON, | covery | |
| 19. 3 Cluc | 19.Y.X | 13 | waleth yttech. | | rederick, H. C | onley M.D. | 2/2/48 |
| (Dats rec'd hy | rigistrar) | | Registra | Address | Tenerros, Md. | Date signed | 5/4/40 |

PLEASE WRITE PLAINLY, WITH LYNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS-A15

M

MINATE TO STREET BEATH



1. PLACE OF DEATH; County Freder

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0836. 131

CERTIFICATE OF DEATH

| | Reg. Ditt. Noa |
|----------|---|
| | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether) |
| ******** | State maryland County Fraderick |
| m) | City or town (17 outside city or town limits, write RURAL and give negrest tewn) |
| | Street No. 24A west all Souts St. |
| | (If rural, give LOCATION) |
| ••••• | 2.(a) If veteran, name war. |

| How long in above place of death? | Street No. 24A Cural all Street No. 24A Cural | | |
|--|---|--|--|
| 3. (a) FULL NAME Charles Franklin Hicks | 3. (b) Social Security Number | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Child | MEDICAL CERTIFICATION 20. DATE OF DEATH. August 17 19 45 at | | |
| 6.(b) Name of husband or wife | and that I last saw h. 1. alive on | | |
| 8. AGE: Years Month Days If less than one day | Immediato canse ef death DI | | |
| 9. Birthplace Qued & Co. Thereford (Town, county, and stays) 1D. Usual occupation. | Due to | | |
| 11. Industry or business 12. Name arthur Nicks 13. Birthplace Rantig: Co, md. | Dther conditions | | |
| 14. Malden name Farita Nicks 15. Birthplace Frank g. Cr. Frd. | Major findings of operations. Date of op. | | |
| 18. Informant Emergerny Horget, Odecards | Autopsy results | | |
| 17. Burial (Burial, cremation, or removal, vintern) Cemetery or exemetury (M. M. March (May) (year) Location (M. M. M. M. Carles, Suffix | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide | | |
| Address Mortene. Le Leule Co. Md. | - 23. SIGNATURE Bernard Human J. M.D | | |

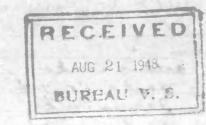
19. V. 8

(Date rec'd by registrar)

| Aug. 10 19 48 to Hug. 1 | 7 18.4 X |
|--------------------------|---|
| Hug. 10 19.48, to Hug. 1 | 19 |
| nmediato canse ef death | DURATION |
| Tetanus | 1 day |
| | |
| ue to | *************************************** |
| ue to | *************************************** |
| IE IV. | *20000000000000000000000000000000000000 |
| her conditions | ••••• |
| | |

here did injury occur?(City or town) ured at home, farm, industry, public place (where?) Injured at work? eans of Injury

PLEASE



2411 N. Charles St., Baltimore

CEDTICICATE OF DEATH

131

| | | | CERTIFICA | IE OF DEATH | Reg. Diat. No., | |
|---|--|---|--|---|--|--------------------------------|
| (If or How long in above place Hospital, institution, or | derick-R utside city or town I of death? | imits, write Years death occurre eight | S | (If outside city or tow Street No. Near Bradd None None | IE) OF DECEASED: ence of mother) Frederic Couety. Frederic Rural R. F. D In limits, write RURAL and give OCK Heights al, give LOCATION) 3. (b) Social Securi None | earest town) |
| F | W | | W | 2D. DATE OF DEATHAu | | 8 .12 • 30 |
| 5.(b) Name of husband of wife. William W. House 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) August 30, 1863 | | | (c) If allve, give ageyea | 21. I CERTIFY that death occurred on the Sept. 3/30 | date above stated: that I attended d | 6 48 |
| 8. AGE: Years | Months | Days 6 | | Chr. Myocardi | tis | 18 yrs |
| 1D. Usual occupation 11. Industry or busines: 12. Name | At Ho ames Fau rederick | me ble Coun | ederick-Marylan state) ty Maryland | Due to | | ***** |
| 出 t4. Maiden name. | Ann Hah | n | nty Maryland | (thelude pregnancy w | | ****************************** |
| Address R. F. D. #5, Frederick, Maryland Burial Burial Date thereof 8/8/48 (Burial, Communication, or removed, Which) (month) (day) (year) Locust Valley Cemetery Location Near Middletown, Maryland 18. Funeral director M. R. Etchison and Son | | | | Actorsy results | se to which death should be char ernal causes, fill in the following; | ged statistically. (State) |
| Address | Freder | ick, | Maryland lialitti y Hech. | 23. SIGNATURE Address Frederick, M | IVA. | M. D. D. or other 8-6-48 |

BINDING

FOR

MARGIN RESERVED

RECEIVED

AUG 9 1948

BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) autside gity or town timits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) New long in hospital or lestitution 3, (b) Social Security Number MEDICAL CERTIFICATION decenard (ma., day, yr.) DURATION important. (Include pregnancy within 8 months of death) Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. PLAINLY is especial 22. VIOLENCE: it deeth, was due to external couses, fill in the following: Accident, suicide, or homicide...... Where did injury pocur? (City or town) (County) Injured at home, farm, Industry, public piece (where?) Injured at work? Meene of Injury PLEASE 23. SIGNATURE (Date ree'd by registrar)

HILLIAM PARTIES VENEZIA SENERALI MARTENIA

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SEP 2 1948

BUREAU V. S.

Jugitation of States of

mark may 11

2411 N. Charles St., Baltimore

0837.

CERTIFICATE OF DEATH

131

| | | | CERTIFICATION I | IL OI DEILLII | Reg. Dist. No | *************************************** |
|--|-------------------------------------|------------------|---|---|--|---|
| (If | rick derick outside city or town li | | URAL and give nearest town) | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick City or team (If outside city or town limits, write RURAL and give nearest town) | | |
| How long in above place of death? Hospital, institution, or street address where death occurred: Frederick Memorial Hospital How long in hospital or institution? Since August 4, 1948 | | | | Street No. 511 Klineharts Street (If rural, give LOCATION) 2.(a) It veteran, name war None | | |
| 3. (a) FULL NAM | | LOUISE | JOHNSON | | 3. (b) Social Security 214-10- | Number 2261 |
| Sex F ¹ | 5. Color or race | 6.(a)Singl | e , married) widowed, o r diversed* | MEDICAL 2D. DATE OF DEATHAugus | certification at 10th 19.48 | 4:15A |
| | Robe | 6.(| e) If alive, give ageyear | 21. I CERTIFY that death occurred on the dat | e above stated; that I attended deco | eased from T. 10. 19. 4.2 |
| 8. AGE: Year 35 | 3 | Days 4 | If less than one day | Immediate cause of death | liver | MOITARUD |
| 10. Usual occupation. | Domest | ic | ck-Maryland | Due to | coholin | 10 yrs |
| 12. Name | mes E. Ar Frederic | k Cour | nty Maryland | Other conditions Lake Market | Alternative Control of the Control o | 2 wel |
| 14. Maiden name | Daisy C Frederic | F. N k Cour | nty Maryland | (Include pregnancy with | | |
| 16. Informant | rs. Dais ter Ave. | y Ambu • Fred | lsh derick, Md. | Antupsy results | to which death should be charged | statistically. |
| Burial (Burial, cremation | Fairvi | Dale ther | eof 8/12/48 (month) (day) (year) netery | 22. VIOLENCE: If death was due to externate Accident, suicide, or homicide | Date of | |
| Location | Freder: | ick, 1 | Maryland son and Son | Injured at home, farm, Industry, public place Means of injury | | |
| Address 19. \Queen Garage Gar | Freder | | Maryland | 23. SIGNATURE Anthum | 7. 11) radward | LM. D. |

MARGIN RESERVED FOR BINDING

PLEASE

RECEIVED

AUG 14 1948

RUREAU V. S.

CERTIFICATE OF DEATH

| CED | 2411 N. Charles St., Baltimore RTIFICATE OF DEATH Reg. Dist. No. /3/ |
|--|---|
| CER | 106, 210, 110, |
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| County Succession | Musician Jauchann |
| If outside city or town limits, write RURAL and give no | State Cunty Cunty |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Hospital Institution or street address where death occurred: | Street No. |
| Tredencho Memorial Mos | (If rugal give LOCATION) |
| How long in hospital or institution? Sunce 8/5/4 | 2.(a) It veteran, name war. |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Junie & | Kall |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, | MEDICAL CERTIFICATION |
| y n | 20. DATE OF DEATH MUSICAST 30 18 48 at 10: |
| John Kall | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 6.(6) Name of husband or | |
| 7. Birth date of | years and that flast saw h. P. M. Live on aug 30 18. |
| deceased (mo., day. yr.) | Immediate cause of death DURA |
| 8. AGE: Years Months Days It less than one | |
| //4hrs. | min. |
| facialism of sent of | Territor Cereval deletely 15 |
| 9. Birthpiace (Town, county and state) | debility |
| 10. Usual occupation at Home | |
| | Due to |
| 11. Industry or business | |
| 12. Name Hame! Kall 13. Birthplace Vugnice | Other conditions |
| | (Include pregnancy within 3 months of death) |
| H 14. Malden name Al Aummers | |
| 14. Malden name Ungune | Major findings of operations. |
| Man, Ilhanthy Mr | Me / |
| 16. Informant | Antopsy results |
| Address Jenellsvilla, Is | 22. VIOLENCE: If death was due to external causes, fill in the tollowing: |
| 13 Burnal Date thereof 9/ | 2/48 |
| (Burial, cromation, or removal, Whiche) (month) | Grand (year) |
| Cemetery or exematory | Where did Injury occur? (City or town) (County), (State) |
| M. Loveltaville, | Injured at home, farm, Industry, public place (where?) |
| Location | Means of Injury Call DD Injured at work? |
| 18. Funeral director | DEPUPP MEN. W. BAER |
| Address Guederich, Mr. | The Land of the All Rev. |
| CO. DARL | 23. SIGNATURE M. D. of other |
| 19. 31 - ULLY 18 48 CUSCHELLOS | Begins the slewer Med Both signed 8.31 |

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VS A15

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RECEIVED

SEP 2 1948
BUREAU V. 8.

2411 N. Charles St., Baltimore

830

08374

......Date signed.

| CERTIFIC | CATE OF DEATH Reg. Dist. No. /38 |
|--|---|
| 1. PLACE OF DEATH: County Montgomery Jeleck City or town Rural - Kemp town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 Years Hospital, institution, or street address where death occurred: How long in hospital or institution? | State Maryland County County |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| GERTRUDE KEENEY | None |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Female White Married | 20. DATE OF DEATH. August 27th 19 48 at 3:15 |
| 7. Birth date of deceased (mo., day, yr.) March 24, 1883 8. AGE: Years Months Days It less than one day hrs. | Immedia cause of death Securities 8/23 |
| 9. Birthplace Liberty, Frederick County, Md. (Town, county, and state) 10. Usual occupation Housewife | Due to. |
| 11. Industry or business | |
| 12. Hame George W. Young 13. Birthplace Liberty, Maryland | Dther conditions |
| 13. Birthplace Liberty, Maryland | (Include pregnancy within 3 months of death) |
| E 14. Maiden name Laura Smith | Major fiadiogs of operations |
| 15. Birthplace Liberty, Maryland | Date of op. |
| 16. Informant Mr. Howard Keeney | Actopsy results |
| Address Nr. Kemptown, Maryland | |
| 17. Burial (Burial, cremation, or removal, Which?) Oate thereot, August 30, 10 (month) (day) (year) | 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Cemetery or crematory Providence Methodist Church C | emeterys did injury occur? (City or town) (County) (State) |
| Location Kemptown, Maryland | Injured at home, tarm, industry, public place (where?) |
| 18. Funeral director C. E. Cline & Son | |
| Address Frederick, Maryland 25 | and Will But to a |
| | 23. SIGNATURE |
| 19 28- agent 19 48 per Elegalith & whe | 1115/11/2 8/12 20 8/29 |

Registrar

9-45-15M VS A15

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

correct age

OCT 11 1948
BUREAU V. S.

Van Jack

| CERTIFICA | ATE OF DEATH Reg. Dist. No |
|--|---|
| 1. PLACE OF DEATH: Covery. City or town. (If outside city or town limits write RURAL and give nearest town) How long in above place of death to the state of t | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale County City or town. (If outside city or town limits, write RUYLL and give nearest town street No. (If rural, give LOCATION) 2.(a) If veleran, same war. 3. (b) Social Security Number |
| 4. Set S. Cefor or rises S. (a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION 20. DATE OF DEATH Quee, 2.6 19.48 at 1. |
| 8.(b) Name of Archinal Services Service | Immediate cause of deeth |
| (Burial, cremation, or removal, Which?) Cemetery or prematory | Where did injury occur? (Cyty or town) (Course) (State) |
| Location MA Jamelle Mo. | Injured at home farm, is justry, public place (wb. 2) Massas of isjury injured at work? |
| Address Friedd Catorier | THE ADDRESS ON LOT FEED IL |

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MUNICIPALITY.

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services on behind his play and

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AUG 31 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

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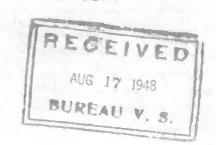
08373

CERTIFICATE OF DEATH

Reg. Dist. No. 1 44

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | |
|--|---|---|
| County The Alfee De . | 5 0 1 T. 1 | 1 |
| | State Manyland County Frederic | 12 |
| (If outside city or fown limits, write NURAL and give nearest town) | Clare and Allenber Redge. | |
| ow long in above place of death? Lifetalized - | City or town | town) |
| ospital, Institution, or street address where death occurred: | // | |
| Approximation of the second of | Street No | • |
| | | |
| low long in hospital or Institution? | 2.(a) If veteran, name war | |
| (a) FULL NAME Office Elizabet | the Log. 3. (b) Social Security Nur | mber |
| Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | |
| I 0 010.4 71.1 | | |
| Temale Ithele Masses | 2D. DATE OF DEATH. August 12 1948 21 | /_A |
| 10.74 8 | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased | |
| (b) Name of husband or wife A Man M. O. o. | | |
| | march 2/ 19 48, to any net | |
| Birth date of S S S S S S S S S S S S S S S S S S | and that I last saw h. Sac. alive on Charges 10 | 19 X. S |
| deceased (mo., day, yr.) March 9, 1869 | Immediate cause of death | DURATION |
| B. AGE: Years Months Days If less than one day | | |
| 70 5 | | 7 |
| /7 3 3ni | my ocardities | |
| Emeritatives trederial Co. Mrs | - Due to. | |
| (Town/county, and state) | W W IV | |
| CR Ala o | | |
| D. Usual occupation. | Due to | |
| 1. Industry or business | | |
| 41 Phase | atriocele rock | |
| 12. Name | Dither conditions | ****************** |
| 13. Birthpiaco / Daltimore / Md. | (Include pregnancy within 3 months of death) | |
| 4 & Alachan | | |
| 14. Maiden name | Major findings of operations. Many | |
| 15. Birthplace Emmitsburg Mid | Date of op. | |
| 17 10. Dittiplace | 2 4 22 | *************************************** |
| 6. Informant Red Charles Charles | PHYSICIAN: Please underline the cause to which death should be charged stat | |
| (P. 1. (P) 12 21 | DHVSICIAN. Please underline the cause to which death should be charged state | istically. |
| Address daniel diedel hot. | Intoican. Teast addition to control | |
| Audicos | | |
| (A 1) 1 1 1 1 190 | 22. VIOLENCE: If death was due to external causes, fill in the following: | |
| (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) | 22. VIOLENCE: If death was due to external causes, flil in the following: Accident, suicide, or homicide | |
| (Burial, cremation, or removal, Which?) Date Moreof Minimum (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, flil in the following: Accident, suicide, or homicide | |
| Busiall Date Harfoot Aug. 14 194 | 22. VIOLENCE: If death was due to external causes, flil in the following: Accident, suicide, or homicide | State) |
| (Burial, cremation, or removal, Which?) Cemetery or crematory | 22. VIOLENCE: If death was due to external causes, flil in the following: Accident, suicide, or homicide | State) |
| (Burial, cremation, or removal, Which?) Date thereof. Mincheth (day) (year) | 22. VIOLENCE: If death was due to external causes, flil in the following: Accident, suicide, or homicide | State) |
| (Burial, cremation, or removal, Which?) Cemetery or crematory Location | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | State) |
| (Burial, cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral director. | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | State) |
| (Burial, crematory, or removal, Which?) Cemetery or crematory Date thereof. All for the first thereof. (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | State) |
| Date Horeof (month), (day) (year) Cemetery or crematory Location 18. Funeral director | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | State) |

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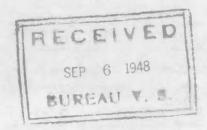
Registrar

Reg. Diat. No.

| 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | |
|---|---|
| State Md. Count Frederi | A |
| City or town Sadiesburg | |
| 10 0 10 | rest town) |
| Street No. (If rural, give LOOATION) | |
| 2.(a) If veteran, name war | |
| 3. (b) Social Security 1 | Number |
| · Bong | |
| MEDICAL CERTIFICATION | |
| 20. DATE DE DEATH. Garage 3/19.7. | , at Y T |
| 21. I CERTIFY that death occurred on the date above stated; that I attended decea | sed from |
| 19 48 to GOOG 3 | 519.7 |
| and that I last saw halive on | 19* |
| Immediais cause ol death | DURATION |
| - Como of our of | *************************************** |
| Due to. | *************************************** |
| DUE 10 | ************** |
| Due to | |
| | |
| Dither conditions | ****************** |
| 9 | |
| (Include pregnancy within 3 months of death) | |
| Major findings of operations. | |
| Date of op | |
| Antopsy results | statistically. |
| 22. VIOLENCE: If death was due to external causes, fill in the following: | |
| Accident, sulcide, or homicide | |
| Whera did Injury occur? | (State) |
| (000,000,000,000,000,000,000,000,000,00 | |

Injured at work?

(Date rec by registrar)



| | | | 4 | |
|--|---------|--|---|--|
| | | | 7 | |
| | Photo a | | | |

08378

| 1. PLACE OF DEATH: County Trederick | 2. USUAL PESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | |
|--|---|--------------|
| City or town Near Stakeney (If outside city or town limits write RURAL and give nearest town) | City or town (If outside city or town limits, write RURAL and give nearest town) | |
| How long in above place of death? 25 Jears Hospital, institution, or street address where death occurred: | Street No | |
| How long in hospital or institution? | 2.(a) It veteran, name war | |
| 3. (a) FULL NAME Gacob In. Miller | 3. (b) Social Security Number | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Widowed | MEDICAL CERTIFICATION 20. DATE DF DEATH august 22 nd. 19 48 21 12 | . P. |
| 6.(b) Name of husband or wife. Harrief Miller 6.(c) If alive, give ageye. | and that I last saw h.1.200alive on | |
| 8. AGE: Years Months Days If less than one day | | ation eck |
| 9. Birthplace (Town, coupty, and state) | Oue to | |
| 11. Industry or business Ocean Shop | Oue to | |
| 13. Birthplace Penna | Other conditions | |
| 14. Maiden name Anknown 15. Birthplace , Unknown | Major findings of operations | |
| 16. Informant William & Milley | Autopsy results | |
| Address Vasresburg 7a. 17 Surial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) | 22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide | |
| Cemetery or crematory Listhersan Cemetery | Where did injury occur? | |
| Location Manuel Manuel Manuel 18. Funeral director D. Harris Manuel Manu | Injured at home, farm, industry, public place (where?) Meens of Injury Injured at work? | ********* |
| Address Janey Town mary and | 23. SIGNATURE M. D. or other | |
| (Date recipios registrar) | Address Taneytown Maryland Date signed august | 2: |

BINDING

MARGIN RESERVED FOR

VS



0837.

| | CATE OF DEATH 183 Reg. Dist. No. 141 |
|--|---|
| 1. PLACE OF DEATH: County. City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Coupty City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) |
| How long In hospital or institution? | 2.(α) If veleran, name war |
| 3. (a) FULL NAME Joseph Warriel M. | ones 3. (b) Social Security Number |
| Male 6 of, Single, married, widowed, or divorced | MEDICAL CERTIFICATION 20. DATE OF DEATH DEED 23 1948 21 2 |
| S.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) Alee / 1898 | and that I last saw h./alve on |
| 8. AGE: Years Months Days It less than one day 49 8 22 | Immediate pase of death |
| 9. Birthplace Town, jounty, and state) | Due to. |
| 10. Usual occupation A. | Due to |
| E 12. Name 110 Alissia Thomas | Dither conditions |
| 14. Maiden name. Sand Julie 11. Birthplace Marulluus. | (Include pregnancy within 3 months of death) Major fisdings of operations |
| 15. Birthplace Maryland, | major negiege of operations. Date of op. |
| 16. Informant Chulores Morris | Autopsy results |
| 17(Burial, cremation, or removal Which?) Date thereof (manth) (day) (year) | 22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide |
| Cemetery or crematory | Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director. Co. No. Futto V Bas | Meens of Injury Development Injured at work? |
| 10 Qua, 24 1948 Kathrun N. Bro | 23. SIGNATURE T.W. Sau Ex. M. D. or other |

19. (Date rec'd by registrar)

RECEIVED

AUG 28 1948

BUREAU V. S.

083311

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| 021111102 | Reg. Diat. No. |
|--|---|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| How long in above place of death? | City or town limits, write RURAL and give nearest town) |
| and the state of t | Street No |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME Elarence Pobut | Moser 3. (b) Social Security Number |
| 4. Ssx 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| My 21. Married | 20. DATE OF DEATH Desgual 291848, at 1-30/pm |
| 8,(b) Name of husband or wife Clara Pittinger | 21. I CERTIFY that death occurred on the dats above stated; that lattended deceased from |
| 7. Birth dats of | |
| deceased (mo., day, yr.) 7eb. //. 1882 | and that I last saw have allye on |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION |
| 66 6 /8mi | n |
| 8. Birthplace Frederick Co. 24d. (Town, county, and state) | Duo la asterios elevoro 2 700 |
| 1D. Usual occupation Laborer | " Park |
| 11. Industry or business Farm work | Due to |
| 12. Name 21 = S. 24 ose | - Other conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Malden name Elizabeth Warty 15. Birthplace 244. | Major findings of operations |
| X 15. Birthplace | |
| 16. Informant Type. Clarence P. Mose | Autopsy results |
| Address Le Jore 24d. | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| (Burlal, cremeton, or removal, Which?) Date thereof Setting (month) (day) (year) | 22. VIOLENCE: If death was dus to external causes, fill in the following; Accident, suicide, or homicide |
| Cemetery or crowning Guesgerston | Whers did injury occur? |
| Location Exercistor 244 | (City or town) (County) (State) |
| 101-00-7- to | Means of Injury Injured at work? |
| 18. Funeral director | (7/0 |
| 10 Per 21, 1048 & Exocur | 23. SIGNATURE COM W. Deall, M. D. or other |
| (Date registrar) Registrar | Address debutylown M Daie signed \$ 38 448 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

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MARYLAND STATE DESIGNANT OF BEALTH

SEP 3 1945
BUREAU V. S.

08381

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

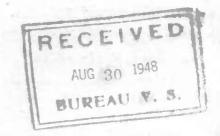
Reg. Dist. No. 154

| | | Reg. Disc. No | |
|--|---|---|------------------------------|
| 1. PLACE OF DEATH: County | (For newborn infants kiv | HOME) OF DECEASED: | rich |
| City or town limits, write RU (AL and give How long in above place of death? | City or town(If outside eity | or town limits, write RURAL and | re nearest town) |
| How long in hospital or Institution? | 2.(a) It veteran, name war | (If rural, give LOCATION) | |
| 3. (a) FULL NAME | estor | 3. (b) Social Secu | urity Number |
| 4. Sex 5. Color or race 5.(a) Single, married, widower | d, or divorced ME | DICAL CERTIFICATION | |
| J W marre | 20, DATE OF DEATHQu | egust 17 194 | FB . ILA. |
| 6.(b) Name of husband or wife. 6.(c) It alive, give ago | april 23 | of the date above stated; that attender | |
| 7. Birth date of deceased (mo., day, yr.) 25, 880 8. AGE: Years Months Days It less than or | and that V last saw h | // | 19 19 |
| 68 6 23hrs | | of rt. hip. | 31/2 m |
| 9. Birthplace(Town, county, and state) | Due 10 Queiden | tal fall | |
| 10. Usual occupation | • Oue to | | |
| 12. Name Daniel K Mins | Other conditions | | |
| 13. Birthplace 14. Maiden name An ary O Rile 15. Birthplace | (Include pregn | maney within 3 months of death) | I reck of |
| E 15. Birthplace | Antopsy results North | Date of op. | / / / / |
| Address 4 9 mm talour | PHYSICIAN: Please underline | the cause to which death should be ch | arged atatistically. |
| 17 Bate thereot | (day) (year) Accident, sulcide, or homicide | | Cpr 23-48 |
| Cemetery or crematory. Monthly U.C. | Where did injury occur? | (City or town) | (State) |
| Location Roll Trust CV | Injured at home, farm, industry, Means of injury Fell on | public lace (wherer) thijured at work | |
| Address January M | Neg Xa. | wes K. Gray 7 | R.D. |
| and 18 1948 M. F. | Registrar Address Theory | 12,0 | M. D. or other igned 8/17/48 |

A15



| | ATE OF DEATH Reg. Diat. No. /3/ |
|--|--|
| 1. PLACE OF DEATH: County | 2. USUAL PESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. |
| 4. Sex 5. Color of face 6. (a) Single, married, widowed, or divorced | 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE DF DEATH |
| 6,(b) Name of husband or wife | 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 22. I CERTIFY that death occurred on the date above stated; that I attended deceased from 23. I CERTIFY that death occurred on the date above stated; that I attended deceased from 24. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25. I CERTIFY that death occurred on the date above stated; that I attended deceased from the date above stated in the date ab |
| deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day | Immediate cause of death OURATION nin. Protection but (6 mm.) / day Due to. Placenta practice |
| 1D. Usual occupation | Due to |
| 12. Name | Unclude pregnancy within 3 months of death) Major findings of operations. |
| 16. Informant Address Address Address | Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Date thereof (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide |
| Location | Injured at home, tarm, Industry, public place (where?) Means of Injury Injured at work? |
| 19. 26- Ang. 1948 19 Elizabeth S. Flesh (Date rec'd & registrar) (Date rec'd & registrar) (Date rec'd & registrar) | 23 SIGNATURE M. D. or other, rar Address Fuduck M. D. ate signed S/25/45 |



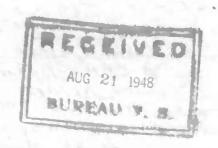
2411 N. Charles St., Baltimore

| CERTIFICA | ATE OF DEATH Reg. Dist. No | 151 |
|---|---|------------------|
| 1. PLACE OF DEATH: County FILALFICK | 2. USUAL RESIDENCE (HOME) OF DECEASED: -(For newborn infants give residence of mother) | |
| ity or term (If outside city or town limits, write RURAL and give nearest town) | State Mayland county washing | |
| ow long in above place of death? | City or town limits, write RURAL and give no | earest town) |
| 1312 Valta Market X | Street No. 113 E HILCEST. Kd. (If rural, give LOCATION) | |
| How long in hospital or Institution? | 2.(a) If veteran, name war | |
| 3. (a) FULL NAME FEORGE HOWAR A 4. Sex 5. Color or race 6.(a) Single, mached, wildowed, or divorced | 6 7715 Sr. 3. (b) Social Security | - C |
| 4. Sex 5. Color or race 6.(a)Single, massiad, widowed, or directed | MEDICAL CERTIFICATION | |
| MALE WHITE Widows d | 20. DATE DE DEATH 19 AUGUST 18.48 | 1 89A. |
| 6.(b) Name of Thusband or wife Gracs V. Norris | 21. I CERTIFY that death occurred on the date above stated; that I attended dec | eased from |
| 7. Birth date of | ars and that I last saw h 1.M alive on AUGUST 18 | 19 4 |
| deceased (mo., day, yr.) July 23 1896 | Immediate cause of death | DURATION |
| B. AGE: Years Months Days If less than one day | MALIGNANCY IN MEDIASTINUM | 3MO |
| 52 / 17hrs. | (TYPE UNKNOWN) (Caucete) | ***** |
| Birtholace Frederick FrederickCo. Md. | Bue to | |
| (Town, county, and state) | | **** |
| D. Usual occupation CABLE Splicer | Due fo | |
| 1. Industry or business & C+P TELEPHONS | | |
| 12. Name Howard Nornis 13. Birthplace Frederick Md. | Dither conditions METASTASES TO BRAIN | 2 Mos |
| 13. Birthplace Frederick Md. | | |
| Kathe - Barn and see | (Include pregnancy within 3 months of death) | |
| 14. Maiden name / W. M. J. P. M. J. | Major findings of operations. | |
| | Date of op | |
| 16. Informant 92072 H. Norl 13 | PHYSICIAN: Please underline the cause to which death should he charges | d statistically. |
| Address 1312 N Market St. Frederick | 22. VIOLENCE: If death was due to external causes, fill in the following: | |
| Rurial or matter of Ferroval Whitehe) Date thereof Aug 2/ 194 | 22. VIOLENCE: If death was due to external causes, fill in the following: Accidenf, suicide, or homicide | |
| (Burial, overnation, or removal, which) (minth) (day) (year) | | |
| Cemetery or cramatory REST HAUSA Cemetery | Where did Injury occur?(City or town) (County) | (State) |
| Location ITA-9EFSTOWN MA. | Injured at home, farm, Industry, public place (where?) | |
| 18. Funeral director Om Sutset + Sons | Means of Injury Injured at work? | |
| 11 and with the | 00001000 | 7 700 |
| Address 1079 g E/ST 800 1110 | - 23. SIGNATURE Charles & Coully | 6. M.K |

MARGIN RESERVED FOR BINDING

PLEASE

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Live Acres 424 S. T.

Marie Company of the second

2411 N. Charles St., Baltimore

| | | | CERTIFICA' | TE OF DEA' | TH Reg. Diat. No. 131 |
|--|--|-----------------------|---------------------------------|--|---|
| How long in above place Hospital, institution, o | erick derick outside city or town lix e of death? r street address where d t Patrick or institution? | eath occurred: Street | nd give nearest town) | (For newborn in Maryla State Maryla City or property of the Street No. 121 | ence (HOME) OF DECEASED: Infants give residence of mother) and County Frederick derick utside eity or town limits, write RURAL and give nearest town) West Patrick Street (If rural, give LOCATION) None 3. (b) Social Security Number |
| 4. Sex | 5. Color or race | 6.(a)Single, married | , widowed, or-divorced | | MEDICAL CERTIFICATION |
| M | W | | M | 20 DATE OF DEATH | August 11, 1948 , 8:20 |
| 6. (b) Name of hulband 7. Birth date of deceased (mo., day, | Santan | na Herri (| , give ageyear | and that I last gaw h | th occurred on the date above stated; that I attended deceased from 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| 8. AGE: Year | | | ss than one dayhrsmin | | Mpandita 240- |
| 10. Usual occupation 11. Industry or busine 單 12. Name | Retired | lunkett | | Due to | |
| TY 13. Birthplace WH 14. Maiden name 15. Birthplace | England Jennie A Ireland | ckisken | | Major findings of oper | ude pregnancy within 3 months of death) rations |
| 16. Informant Mrs | W. Patric | | ey rederick,Md | Autopsy results | underline the cause to which death should be charged statistically. |
| 17. Crematic | oion n, orremoni William tory Fort Li | Date thereof | 8/14/48 (month) (day) (year) | 22. VIOLENCE: If dea | nomicide |
| | | | C. | | (City or town) (County) (State) , Industry, public place (where?) |
| | | chison a | | Means of Injury | Injured at work? |
| 18. Funeral director. | | | | | |

RECEIVED

AUG 14 1948

BUREAU V. S

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

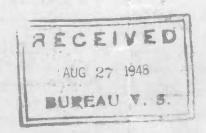
2411 N. Charles St., Baltimore

2411 N. Charles St., Dartimore

CERTIFICATE OF DEATH

Reg. Dist. No. 145

| 1. PLACE OF DEATH: I salerick | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|---|
| 20 .40 | State Many Man County Describe |
| (If outside city or town limits, write RURAL and give nearest town) | ··· |
| How long in above place of death? 1 6.5 years | (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred | Street No. |
| | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Jamas Olisabeth V | oldenberger none |
| 4. Sex 5. Color or race 6.(a) Single, matried, widowed, or divorced | MEDICAL CERTIFICATION |
| Temple White Widowed | 20. DATE OF DEATH (114) 22 1948, 21 0:451. |
| John J (Pollingence | 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from |
| 6.(b) Name of husband or wife | aug 22-0 1948 10/Mag 22 1948 |
| 7. Birth date of | and that I last saw hele calive on the 28 19.48 |
| deceased (mo., day, yr) anyany 21, 1833 | Immediate cause of death DURATION |
| 8. AGE: Years Months Days If less than one day | |
| 93 () 6 25hrs. | iln. |
| 9. Birthplace Myersmille, Fred. Co. M. J. | Due to Cerebral arteserchous |
| 9. Birthplace (Town, county, and atate) | Suralized Wherizens |
| 1D. Usual occupation eller Al Grandles | Que to |
| 11. Industry or business Own Home, | |
| # 12. Name tosiah Haip | Dther conditions |
| 12. Name to seah days 13. Bifthplace Manylund | |
| | (Include pregnancy within 3 months of death) |
| 14. Malden name Mary Alessekring 15. Birthplace Mary and | Major findings of operations |
| El 15. Birthplace | Date of op. |
| 16. Informant | Autopsy results |
| Address Myersnille, My. | |
| 17 Buring Date thereof May 25,194 | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory | Where did my occur (City or town) (County) (State) |
| Location Mylessille, My | Injured at home, farm, Industry, public place (where?) |
| 17 - 12 Bittle | Meens of Injury Injured af work? |
| 18. Funeral director | (12/1/2012) |
| Address Mylersnilly M. | # 23. SIGNATURE 9 Harfo /au |
| 19. eng 25 - 19 48 Didgal Ditt | M. D. or other |
| (Date rec'orby registrar) Registr | rat Address Land Bate signed Ling Land Land |



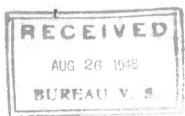
2411 N. Charles St., Baltimore

08385

| 1. PLACE OF I | EATH: | | | 2. USUAL RESIDEN | CE (HOME) | OF DECE | ASED: | |
|---|-----------------------|-----------------------|------------------------------------|------------------------------|--|---|---|----------------------|
| 1. PLACE OF I | lerick | (For newborn Inf | ants give residence | 17. | rederic | lr · | | |
| H'1 | rederick | State | State County | | | | | |
| | | City or town F. L. CO | City or town | | | | | |
| How long in above pi Hospital, institution, | or street address whe | re death occurre | d: | 34 S | City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 34 South Bentz Street | | | |
| Hospital, institution, or street address where death occurred: 34 South Bentz Street How long in hospital or institution? | | | | Street No | (If rural, give LOCATION) NONE 2.(a) If veteran, name war. | | | |
| | | | | 2.(a) If veteran, name wa | | | | |
| 3. (a) FULL NA | ME | | | | | 3. (b) | Social Securit | y Number |
| BESSIE VIRGINIA RAGLAND | | | | | | N | one | |
| 4. Sex | 5. Color or race | 6.(a)Sing | rie, married, widowed, or divorced | | MEDICAL | CERTIF | ICATION | |
| F | C | | W | OR DATE OF BEATH | Aug | ust 2 | 2, 1948 | 11:4 |
| | Cher | TAS Ro | gland | 20. DATE DF DEATH | *************************************** | *************************************** | | |
| | and or wife Char | | | as X | | | curt | |
| 7 Bitt date of | | | (c) If alive, give age | years and that I last saw h. | alive on Gu | Mark | 1/2 | 19 |
| 7. Birth date of deceased (mo., da | y, yr.) June | 10, 18 | 382 | Immediate squise of des | | 1 11 4 | | DURAT |
| 8. AGE: Y | ears Months | Days | if less than one day | Col | man Oi | Du | much | 0 |
| (| 66 2 | 12 | hrs. | min. | | | | Coste |
| F: | rederick | County | Maryland | Due to | | | | |
| 9. Birthplace | (Tow | n, county, and | stste) | Due 10 | | | | |
| 1D. Usual occupation | At Hom | 16 | | Due to | - 0 | - | | LA |
| 11. Industry or busi | | 4 | | Alle | wsle | un2 | • | |
| E 10. No. | Bradley B | owie | | Other conditions | , | | | |
| H 12, Name | Frederic | k Cour | nty Maryland | Other conditions | | **************** | *************************************** | |
| es 13. Birmprace | me Lizzie | Chasa | 0 | (Includ | (Include pregnancy within 3 months of death) | | | 10000 |
| E 14. Maiden na | ne | le Carre | ter Maxelland | Major fisdisgs of opers | tious | | | ******************** |
| X 15. Birthplace | rrederic | k Cour | nty Maryland owden | | | | Date of op | |
| 16. Informant | Mrs. Arth | ur Sno | owden | Autopsy results | | | | |
| | Frederick | | | PHYSICIAN: Please uu | | | | ed statistically. |
| Bunie | 3 7 | | . 8/25/48 | 22. VIOLENCE: If deat | | | | |
| 11 | 1 VY71.2 | Date the | ereof 8/25/48 (month) (day) (year | | | | | |
| Cemetery or cres | Fairv | riew Ce | emetery | Where did injury occur? | (City or toy | vn) | (County) | (State) |
| | Frede | rick, | Maryland | Injured at home, farm, Is | | | | |
| Location | M R | Etchi | son and Son | Means of injury | | | injured at work? | |
| 18. Funeral directo | f | | | | - // 1 | 1. | 11 | |
| | | 727 017 | | | -// | 10 | A A | |
| Address | Frede | TI GK , | Maryland | `# | -N- 1 | yeur) | | $M \cdot 1$ |
| | | | 0 | 23. SIGNATURE | -11-1 | (a) | | D. or other |
| | Frede | | ralett G. Alex | | -X/-/ | rylan | | D. or other |

WARGIN RESERVED FOR BINDING

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age

. Supply every item of information carefull, please write the causes of death clearly and

WRITE

PLEASE

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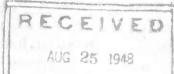
2411 N. Charles St., Baltimore

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|-----|---|----|---|
| 4 | 2 | de | 1 |
| - 1 | V | | |

CERTIFICATE OF DEATH

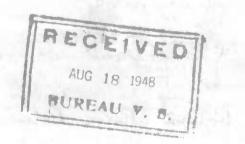
Reg. Dist. No. 134

| 1. PLACE OF DI | adnick | | | 2. USUAL RESIDENCE (HOME) ((For newborn Infants give residence of |)F DECEASED: f mother) | |
|--------------------------------------|-------------------------------------|------------------------|---|--|--|--|
| County | ral. Tane | ytown | R.D.#2 | State Maryland County Fredrick | | |
| How long in above place | outside city or town lice of death? | imits, write F 5 ye | URAL and give nearest town) | City or town Rural, Taneytown R.D.#2 (If outside city or town limits, write RURAL and give nearest town | | |
| Hospital, Institution, o | or street address where | death occurre | i: | Street No. | | |
| How long in hospital or institution? | | | •••••• | | re LOCATION) | |
| | | | ······································ | 2.(a) It veteran, name war | | |
| 3. (a) FULL NAM | FULL NAME | | | | 3. (b) Social Security Number | |
| G | eorge Ant | hony | Reever | | | |
| 4. Sex | 5. Color or race | 6.(a)Singi | e, married, widowes, or divorced | MEDICAL C | CERTIFICATION/ | |
| m | white | | Widower | and alle | 13 190 1 | |
| | 20 | | | 20. DATE DF DEATH | | |
| 6.(b) Name of husban | d or wife. Mary | Eliz | abeth Currens | | 1111 - 17 7 | |
| | | 6.(| c) It alive, give ageyears | 1976 | 1124128 .40 | |
| 7 Olaib data at | yc) May 5 | | | and that I last saw hall ve on | PAROTTONIA | |
| 8. AGE: Yea | | Days | if less than one day | Immediate ouse of death | Denoal | |
| 98 | 3 | 8 | hrs min. | Cut des Vas | · Olelan Trans | |
| | | o Ma | 1 | | | |
| 9. Birthplace | (Town, | county, and | state) | Due to | | |
| 4B. Havet assumption | F | rmer | | | | |
| 11377 | 25 1 | 4 . | | Due to | | |
| 11. Industry or bushing | | MONO | | | | |
| 12. Name | aniae mene | | *************************************** | Other conditions | | |
| 13. Birthplace | Unknown | | ţ | (Include pregnancy within | 3 months of death) | |
| 14. Maiden nam 15. Birthplace | Margare | t Ann | Rose | Major findings of operations | | |
| 15 Birtholace | Me | rylan | | | Date of op | |
| | Tohn a | 11 6 | DEANON | Autopsy results | | |
| // | | | | PHYSICIAN: Please underline the cause to | which death should be charged statistically. | |
| | neytown 1 | | | 22. VIOLENCE: tt death was due to external c | auses, fill in the tollowing; | |
| bur 1 | al on, or removal, Which | Date the | reof August 17, 19 | Accident, suicide, or homicide | Date of | |
| (Burial, cremation | on, or removal, Which | n em e e : | | | | |
| | | | 2 | | | |
| Location | Gettysbur | g. Pa | | Injured at home, farm, Industry, public place | (where?) | |
| 18. Funeral director | M. X. | ald | lison | Means of Injury | njured at work? | |
| | Emmitsbu | | | MAR | 11/- 18/11/11 | |
| Address | Balling USOU. | 8, 11 | 21 -0 | 23. SIGNATURE | your mo. | |
| 10 Charles | 1/6 19 4 | 4 / | 1. F. Alms | A Sugar | M. D. or other | |
| (Date rec'd by | registrar) | | Registry | Address. | Date signed | |



08380

| 2411 N. | Charles St., Baltimore |
|--|---|
| CERTIFI | CATE OF DEATH Reg, Dist. No. 13 |
| 1. PLACE OF DEATH: County. City o town (If outside city or town limits, write RURAL and give nearest town How long In above place of death? Hospital, institution, or street address where death occurred: How long In hospital or Institution? | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| 3. (a) FULL NAME Boby Boy Rhea | 3. (b) Social Security Number |
| 4. Sex 5. Color or face 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| male Victoria | 20. DATE DE DEATH August 16 1948 315:65 |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| deceased (mo., day, yr.) Circuit 7 T 8. AGE: Years | Immediate cause of death Durati |
| 9. Birthplace (Town, county, and state) 10. Usual occupation | Due to |
| 11. Industry or business 12. Name Portert 13. Birtholace Leven | Other conditions |
| 14. Maiden name Rommie Seals 15. Birthplace Jenn | (Include pregnancy within 3 months of death) Major findings of operations |
| ≥ 15. Birthplace | Date of op |
| 16. Informant Despett | Antopsy results |
| Address Delverskring May | 22 VIOLENCE: If death was due to external causes, till in the following: |
| Date thereof | Date of |
| (Burial, overnation or semoval, Which!) Cemetery or occuratory | Where did injury occur? |
| Cemetery or occumetery Land Seals Farmy Montgony Co | |
| Location 12 Locati | Meens of injury Injured at work? |
| 18. Funeral director Address X and Address X and Address X | - Lang D. Lean M. 10. |
| 10 16 they 19 8 Elisabeth & Ho | 23. SIGNATURE M. D. or other Legistrar Address. Darwascus Md Date signed 7/16/2 |



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0838.

CERTIFICATE OF DEATH

Diat. No. 131

| CERTITIO | Reg. Dist. No. |
|--|---|
| 1. PLACE OF DEATH: County | (If outside city or town limits, write RURAL and give nearest town) |
| | Street No |
| How long In hospital or Institution? | 2.(a) It veteran, name war |
| 3. (a) FULL NAME Richetta | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(q)Single, married, widowed, or disacced | MEDICAL CERTIFICATION |
| I colored widowed | 20. DATE DE DEATH |
| 6.(b) Name of husband of wife. Eli Richetto | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | Vers Quy 1 19 4 8, to Quy 13 19 4 |
| T. Birth date of | and that I fast sawh a law alive on |
| 8. AGE: Years Months Days It less than one day | Immediate cause of death DURATIO |
| 72 2 7hrs. | min. |
| 9. Birthplace Testerick CO (Town, county, and state) | Due to |
| tD. Usual occupation School teacher | |
| 11. Industry or business | Due to |
| 12. Name William Costley | Dther conditions |
| \$ 13. Birthplace Frederick 6 | (Include pregnancy within 3 months of death) |
| 14. Maiden name Don't Russ t5. Birthplace Don't Russ | |
| ts. Birthplace Don't Rnow | Major findings of operations. |
| Illani to Pialate | Date ot op. |
| tB. Interment Warring W. Weekens | Autopsy results |
| Address Walkersvelle | 22 VIOLENCE. It don't was due to external causes till in the tallowing. |
| (Burial, committee, which;) Bate thereot (month) (day) (year | 749 Accident, suicide, or homicide |
| Track - 1 Land Tank | Where did latery necur? |
| Cemetery or exemptory | Where did Injury occur? |
| Location nr. Mr. Jeasant | Injured at home, tarm, Industry, public place (where?) |
| 18. Funeral director J. C. Barten | Misens of Injury Injury Injury |
| 1 1 1 1/2 1/2 | () 00 d d to |
| Address (Saliterarity | 23. SIGNATURE QUALL . OS US A |
| 19 14 aug 1848 Elizabeth & thec | la M. D. or other |
| (Date rec'd by registrar) Reg | gistrar Address O Vallette Date signed O |

MARGIN RESERVED FOR BINDING

rrect age

9-45-15M

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How long in above place of death? testitution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

information carefully of death clearly and

Supply lease wr

7. Birth date of deceased (mo., day, yr.) Mon/ps Days If less than one day 8. AGE:

Address

1. PLACE OF DEATH

3. (b) Social Security Number

MEDICAL CERTIFICATION

town limits, write RURAL and give nearest town)

DURATION

(If rural, give LOCATION)

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Major findings of operations.....

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be ebarged statistically

(City or town) Injured at home, farm, Industry, public place (where?)

M. D. or other

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PLAINLY, is especially

RITE

AUG 11 1948
BUREAU V. S.

2411 N. Charles St., Baltimore

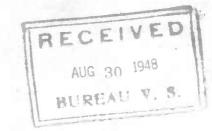
131

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newhorn infants give residence of mother) County Prederie B Frederick Maryland Frederick information carefully of death clearly and (If outside city or town limits, write RURAL and give nearest town) West Third Street Hospital, institution, or street address where death occurred: Frederick mamorial (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME SCHROEDER 3. (b) Social Security Number None 6.(a) Single, married, willowed, or divorced 4. Sex MEDICAL CERTIFICATION male marriado 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from .6.(c) If alive, give age November 30. deceased (mo., day, yr.) 8. AGE: Years 76 Frederick-Frederick-Maryland (Town, county, and state) Retired 1D. Usual occupation..... 11. industry or business Frederick Schroeder Germany 13. Birthplace Sophia Hornig Major findiogs of nperations ... Germany Elizabeth G. Schroeder PHYStCIAN: Please underline the cause to which death should be charged statistically. 7 W. 3rd St., Frederick, Md. 22. VIOLENCE: If death was due to external causes, fill in the following: 17 Burial Accident, suicide, or homicide..... (month) (day) (year) (Burial, cremation, or removal, Which?) Mount Olivet Cemetery Where did injury occur? RITE (City or town) Frederick, Maryland Injured at home, farm, Industry, public place (where?) SEW M. R. Etchison and Son Frederick, Maryland Aridress

Registrar

RESERVED

(Date rec'd or registrar)



2411 N. Charles St., Baltimore

130

CERTIFICATE OF DEATH

B-- D-- N- 131

| | | | CERTIFICA | IL OI DEATH | Reg. Diat. No. | |
|---|---|--------------|-----------------------------------|---|---|--|
| County Fred (City or town Fred (Tif How long in above place (Hospital, institution, or Frederic How long in hospital or | PLACE OF DEATH: Frederick yor town. Frederick (If outside city or town limits, write RURAL and give nearest town) w long in above place of death? | | | Street No. 151 West Pat | f mother) puoty Frederick ts, write RURAL and give nearest town) rick Street re LOCATION) | |
| 3. (a) FULL NAME MARGARET ELLEN SEEGER | | | LLEN SEEGER | ** | 3. (b) Social Security Number None | |
| 4. Sex | 5. Color or race | 6.(a)Single | , married, widowed, or divorced | MEDICAL C | ERTIFICATION | |
| F | W | | M | 20. DATE OF DEATH Augu | st 22 19 48 at 5:25 | |
| 7. Birth date of deceased (mo., day, | yr.) Decemb | er 28 |) if alive, give age 70 , 1880 | 21. I CERTIFY that death occurred on the date at a second | 10 Sto Share 2 19. | |
| 8. AGE: Year 6" | | Days 24 | If ieso than one dayhrsmin | Liesto hather | Tu, | |
| 10. Usual occupation. 11. industry or busines 12. Name | At Home | Michae | | Due to | | |
| 当 14. Maiden name | Eugene | Micha | rel | (Include pregnancy within 3 months of death) Major findings of operations | | |
| E 15. Birthplace | rederick | Count | y Maryland | | | |
| 16. Intermant. Ch | narles F. | Seege | er .,Frederick,Md | PHYSICIAN: Please underline the caose to which death should be charged statistical | | |
| Burial Burial Bate thereof 8/24/48 (Burial, cremation, or removal. Which?) (month) (day) (year) Cemelery or crematory Mount Olivet Cemetery | | | t Cemetery | 22. VIOLENCE: If death was due fo external comments. Accident, suicide, or homicide | Date of | |
| 1 oration | Freder | ick, 1 | Maryland | | where?) | |
| 18. Funeral director | M. R. Freder | Etchisick, N | son and Son Maryland | Means of Injury | injured at work? | |
| 19, 24- angu (Date rec'd by r | 19 49 egistrar) | els | Let B. Alek | 23. SIGNATURE J. | M. D. or other yland Date signed 8-23-4 | |



AUG 26 1948

BURBAU V. S.

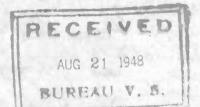
2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

| | Reg. Dist. No |
|---|---|
| 1. PLACE OF DEATH: County Frederick | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For powhorn infants give residence of mother) |
| City or temp. Traderise 12 Mary Marie RURAL and give nearest town) How long in above place of death? Office day. | State Mary County County County County County or town (If outside city or town limits, write RYNAL and give nearest town) |
| Hospital, Institution, or street address where death octored: 710001016 THEMOLIAL //05/161 | Street No |
| How long in hospital or institution? One day | 2.(a) If veleran, name war. |
| 3. (a) FULL NAME HIT. Charles 6. Se/by 4. Sex 5. Color or race 6.(a) Single, married/widowell, or divorced | 3. (b) Social Security Number MEDICAL CERTIFICATION |
| mole white married. | 20. DATE DE DEATH CRESTORES 16 1948, 21 1038 M |
| 6. (b) Name of Discourse or wise 111.5. InargareT Selby 7. Birth date of deceased (mo., day, yr.) 21 - 188 | 21. I CERTILY that death occurred on the date above stated: that I altended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 1 |
| 8. AGE: Years Mooths Days If less than one day 67 6 27 | Correspond Himmerha am 10 |
| 9. Birthplace 777.4. 4 (Town, county, and state) 10. Usual occupation PETIKE 4 11. Industry or business | Due to |
| 12. Name Maryland | Other conditions |
| E 14. Maiden name Ella Selby | (Include pregnancy within 3 months of death) Major findings of aperations. |
| 15. Birthplace Maryland | Date of op. |
| 16. Informant Margaret W Selby | Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17. Burial Bate thereot (morph) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Cemetery or complement Little ran Cemetery | Where did Injuly occur? (City or town) (County) (State) |
| Location Uniquations med | Injured at home, farm, industry, public place (where?) Maens of injury Injured at work? |
| 18. Funeral director D. Hartyler Sans | 1 1 man 2 m |
| Address from Bridge Mew Omasas, me | 23. SIGNATURE 1. M. D. Silver |
| 19. (Date red d by registrar) Regist | trar Address / DWW X LUCY ate signe / 1 |

UNFADING INK. Supply every item of information carefully. The ant. Physicians: please write the causes of death clearly and legiN BINDING FOR MARGIN RESERVED

PLEASE WRITE



2411 N. Charles St., Baltimore

55 d

08394

Reg. Dist. No. 131

CERTIFICATE OF DEATH

| PLACE OF DEA county Frede | daniale | | •••••••••• |
|---|--|------------------------------------|--|
| (tf ou | tside city or town | | URAL and give nearest town) |
| ow long in above place of ospital, institution, or s | of death?street address where | death occurred | |
| 8 Wisne | r Street | 5 | |
| low long in hospital or | Institution? | | |
| . (a) FULL NAME | | | |
| | VIOLA VI | | |
| , Sex | 5. Color or race | 6.(a)Singl | a. married, widowed, or difforced |
| B | W | | W |
| // N - / L - / L - / L | Ha | rrison | F. Shank |
| (b) Name of husband o | | د عر | A M allus alus ans |
| . Birth date of deceased (mo., day, yr | . Amons | t 12. | t) tf alive, give ageye 1878 |
| deceased (mo., day, yr |) Magab | 0 109 | 2010 |
| ACT Years | Months | Bays | If less than one day |
| 8. AGE: Years 70 9. BirthplaceNew | Months 0 Market | l Frede | rick-Maryland |
| 3. AGE: Years 70 9. BirthplaceNew 11. Usual occupation 11. Industry or business | Market | Days 1 Frede | rick-Maryland |
| 3. AGE: Years 70 3. Birthplace | Market (Town At Home es Kill Frederi | Frede, county, and e | rick-Maryland ntate) nty Maryland |
| 3. AGE: Years 70 3. Birthplace | Market (Town At Home es Kill Frederi | Frede, county, and e | rick-Maryland ntate) nty Maryland |
| 3. AGE: Years 70 3. Birthplace | Market (Town At Home es Kill Frederi | Frede, county, and e | rick-Maryland ntate) nty Maryland |
| AGE: Years 70 Birthplace | Market (Town At Home es Kill: Frederi Mary M Frederi | ion ck Cou Bell ck Cou | rick-Maryland ntate) nty Maryland |
| AGE: Years 70 Birthplace | Market: At Home es Kill: Frederi Mary M Frederi rry M. | ion ck Cou Bell ck Cou Shank | rick-Maryland nty Maryland nty Maryland rick, Maryland |
| Birthplace New Birthplace New Birthplace New Local occupation Local occupatio | Market At Home es Kill Frederi Mary M Frederi rry M. er St., | ion ck Cou Bell ck Cou Shank Frede | nty Maryland rick, Maryland rick, Maryland rick, Maryland rick, Maryland (month) (day) (year) |
| 3. AGE: Years 70 3. Birthplace | Market At Home es Kill Frederi Mary M Frederi rry M. er St., | ion ck Cou Bell ck Cou Shank Frede | nty Maryland rick-Maryland nty Maryland rick, Maryland rick, Maryland rick, Maryland rick, Maryland cof 8/16/48 (month) (day) (year) t Cemetery |
| 3. AGE: Years 70 3. Birthplace | Market At Home es Kill Frederi Mary M Frederi rry M. er St., | ion ck Cou Bell ck Cou Shank Frede | nty Maryland rick, Maryland rick, Maryland rick, Maryland rick, Maryland (month) (day) (year) |

| | 2.(a) If veteran, name war |
|---|---|
| i | (If rural, give LOCATION) NONE |
| | Street No. 8 Wisner Street |
| | City or town (If outside city or town limits, write RURAL and give nearest town) |
| | State Maryland County Frederick |
| | 2. USUAL RESIDENCE (FIGWIE) OF DECEASED: (For newborn infants give residence of mother) |

DATE DF DEATH August 13th 18 48 at 12:25P M

I CERTIFY that death occurred on the date above stated: that lattended deceased from 48

I that I last saw h alive on 19

MEDICAL CERTIFICATION

Immediate cause of death

DURATION

DUE to STATE

Due to S

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

injured at home, farm, industry, public place (where?)

figure finjury trijured at work?

SIGNATURE Anound W. Ush

Address Trellink MA Date signed - 14-4

VS AIO 9.45-15M PLEASE WRITE PLA

BINDING

RESERVED



- 08395

M. D.or other

Date signed

| 2. USUAL RESIDENCE (HON | ME) OF DECEASED: | / | | |
|--|--|---|--|--|
| (For newborn infants give resid | dence of mother Asichers & | 6 | | |
| Slate | A | | | |
| Marina Parnal | The sale of a chotical of land | | | |
| (if outside city or to | wn limits, write RURAL and give neare | st town) | | |
| Sireet No. | | | | |
| | ral, give LOCATION) | | | |
| 2.(a) If veteran, name war | | •••••• | | |
| | 3. (b) Social Security Nu | ımber | | |
| | | | | |
| MEDIC | AL CERTIFICATION | | | |
| | | . 2 14 | | |
| 20. DATE OF DEATH | 9, 19.4%, 8 | 1 2 4 | | |
| 21. I CERTIFY that death occurred on the | date above stated; that I allended decease | d from | | |
| June 6 | 19. 48 10 Aug. 9 | 19.48 | | |
| and that I last saw h.C.Falive on | Aug. 8 | 19.48 | | |
| Immediate cause of death | | DURATION | | |
| Congenital h | eart disease | 2 Month | | |
| | | | | |
| | | ***************** | | |
| | | ********************* | | |
| ••••••••••••••••••••••••••••••••••••••• | | ••••••• | | |
| Due to | | | | |
| ******************************* | | *************** | | |
| Other conditions | | | | |
| | | | | |
| (Include pregnancy w | vithin 8 months of death) | | | |
| Major findings of operations | *************************************** | | | |
| | Date of op | | | |
| | | | | |
| Autopsy results | se to which death should be charged sta | tistically. | | |
| | | | | |
| - 22. VIOLENCE: If death was due to ex | | | | |
| Accident, suicide, or homicide | Date of | *************************************** | | |
| Where did injury occur?(City of | r town) (County) (| State) | | |
| injured at home, farm, industry, public | place (where?) | *************** | | |
| Means of injury | Injured at work? | | | |

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RECEIVED

AUG 12 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

P. Diet. No. 131

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|---|
| County Is have been supported to the support of the | |
| (If outside city or town limits, write RURAL and give nearest town) | State County |
| How long to above place of death? | (if outside City or town limits, write RURAL and give nearest town) |
| Nespital, Institution, or street address where death occurred: | |
| Frederick Memorial Norfit. | Street Mo |
| New long in heapital or locification? | 2.(a) It veteran, name war |
| 3. (c) FULL HAME 21 heeler a. Smith | 3. (b) Social Security Number |
| 4. See S. Gefor or chan S. (a) Single married, widower, or strorged | MEDICAL CERTIFICATION |
| male white married | 20. DATE DF DEATH. Aug. 28 19 48 16. |
| & (1) Bases of the or wife Reta P. Smith | 21. I CERTIFY that death occurred on the late above stated; that I attended deceased from |
| . 79 | dead O |
| 7. Birth date of | and that I last new h. 1.7 ave on are 28 19 |
| descensed (ma., day, yr.) curge 21 / 8 8 / | Immediate cause at death DURAY |
| 8. AGE: Yours Months Bays It lave then one day | Certific bemarky 60 |
| 6 /hrshrs. | |
| 9. Biethelege Miffrenille Brederick Co, m. | 4. Due to |
| No. | |
| 18. Veuel serveston | Due to |
| 11. Industry or husiness | |
| 12. Page Three J. Smith | Dither conditions |
| 2 12. Birthplans nycisnile. Pra. | (Include pregnancy within 8 months of deeth) |
| 14. Molden some Mary Mary | Major findings of operations. |
| # 18. Birthplass Myersville md. | Date of op. |
| 16 Internet Mrs. Peta Smith | Autopey results. |
| - Mine Miseraville md. | PHYSICIAN: Please underline the cense to which death abould he cherged statistically. |
| | 22. VIOLENCE: It death was due to externel causes, till in the following: |
| (Burial, cremation, or removal. William) (Barial, cremation, or removal. William) (month) (day) (year) | Accident, suicide, or homicide |
| 11 18 10 7 | Where did talury occur? |
| · 0 1 1 - 1 0 | (5.5) 5. 10.11, (5.6) |
| Lossting | Injured at home, term, industry, public place (where?) |
| 18 Emeral director Blackill Co. | Means of Injury Injured at work? |
| 2 11/4 221 | Drejuly _ |
| Miron Middletown, 1 gd. | - 23 SIDNATURE M. W. Back wid. Ex |
| 31-aug we Elight letterle | M, D, or other |
| (Data ree'd by registrer) | rar Address True way Md Date eigned any 3 |

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DELL'ART THE THE PERSON NAMED IN COLUMN NAMED

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SEP 2 1948
BUREAU V. S.

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1 II posternice net

| | CERTIFI | CATE OF DEATH | Reg. Dist. No. 144 |
|---|---|--|---|
| 36 - 1 1 7 7 7 | | Street No. | control of mother) Frederick County Frederick ral R. F. D. #1 mitts, write RURAL and give nearest town) |
| 3.(a) FULL NAME ALICE | CENTOLIA SNOOTS | | 3. (b) Social Security Number None |
| 4. Sex 5. Color or race | 6.(4)Single, married, widowed, or divorced | MEDICAL | CERTIFICATION gust 12, 1948 at 10:45 |
| deceased (mo., day, yr.) | ary 19, 1877 | 21. I CERTIEY that death occurred on the date 2. S | 19 4 K to august 12 19 4 |
| 8. AGE: Years Months 71 6 | Oays If less than one day | | |
| 9. Birthplace Loudoun C (Tow At 'Hom 10. Usual occupation At 'Hom 11. Industry or business 12. Name George Da 13. Birthplace Susan | vis Virginia | Oue to | clerosis? Hrs 10 yrs |
| 14. Maiden name Susan 15. Birthplace Harry C. | Virginia | Major fiediogs of operations. | Qate of op. |
| Address R. F. D. #1 Burial (Burial, cremation, or removal. Whice Cemetery or crematory | eran Cemetery | PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external Accident, suicide, or homicide | Date of |
| 18. Funeral director | gerstown, Maryland . Etchison and Son erick, Maryland | Injured at home, farm, Industry, public place | e (where?) |
| 19. Ly Que 1944 (Date rec'd by n(vistrar) | Blauslie S. Ey | legistrar Address Thurmon | M. J. or other 8/13/3 |

FOR BINDING

MARGIN RESERVED

VS A15

RECEIVED

AUG 17 1948

BUREAU V. S.

CERTIFICATE OF DEATH

131

| | | | Reg. Dist. No. |
|--|-------------------------------|--|--|
| 1. PLACE OF DEATH: County Frederick City or town Frederick (If outside city or town limits, write RU How long in above place of death? Hospital, institution, or street address where death occurred: 5 Wisner Street How long in hospital or institution? | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State | |
| 3.(a) FULL NAME LILLIAN IDELL | | 1 2(4) 11 (CC) 11, 11 (CC) 12, | 3. (b) Social Security Number None |
| 4. Sex 5. Color or race 6.(a)Single. | married, widowed, or divorced | | ertification gust 23 ,48 ,10:15 |
| 6.(b) Name of husband or wife Clarence F 6.(c) 7. Birth date of deceased (mo., day, yr.) October 6, | If allve, give age 43 | 21. I CPRTIFY that death occurred on the date abo | ove stated; that I attended deceased from 4.5, to 22.3 19.44 |
| 8. AGE: Years Months Days 37 10 17 | tt less than one dayhrsmin. | | turs 3/2 |
| 9. Birthplace Greenfield-Freder (Town, county, and sta 10. Usual occupation At Home 11. Industry or business 12. Name Henson E. Trail | | Due to. | |
| E 12. Name Frederick Count 13. Birthplace Frederick Count 14. Maiden name Ida M. Anders | y Maryland | Other conditions (Include pregnancy within 3) | |
| 15. Birthplace Frederick Count Clarence F. Spea | y Maryland | Major findings of operations. | Date of op |
| Address 5 Wisner St., Fred | lerick, Md. | PHYSICIAN: Please noderline the cause to w | |
| Cemetery or crematory Frederick Mem | | 22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide | (County) (State) |
| Frederick, Ma M. R. Etchiso | | Injured at home, farm, Industry, public place (w Meens of injury | here?) |
| Address Frederick, Ma | ryland | 23. SIGNATURE 21-9-Ba | une & M. D. |
| 1926- a gest 1948 Eliza (Date ree'd by registrar) | leth & Heck | | M. D. or other |

MARGIN RESERVED FOR BINDING



et age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible.

PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131

| 1. PLACE OF DEATH: Frederick | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: | | |
|-----------------------------------|---|-------------------|---|---|--------------------------------|---|
| | | | | (For newborn infants give residence of mother) State Maryland County Frederick | | |
| Frederick | | | | State Cour | troder Ter | |
| (If or | (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Life | | City or town Frederick (If outside city or town limits. | | | |
| How long in above place | of death? | J 1b | 4. | (If outside city or town limits, | , write RURAL and give n | earest town) |
| Hospital, institution, or | street address where | geath occurred | ı: | Street No. 132 East Str | eet | |
| 132 East Street | | | | (If rural, give LOCATION) NONO | | |
| How long in hospital or | | | *************************************** | 2.(a) If veteran, name war | | |
| 3. (a) FULL NAME | | | | | 3. (b) Social Security | Number |
| | JOHN WI | LLIAM | SUMMERS, SR. | | 214-10-43 | 381 |
| 4. Sex | 5. Color or race | 6.(a)Singl | e, married, widowed, or divorced | MEDICAL CE | RTIFICATION | |
| M | C | | M | 2D. DATE DF DEATH August | 25, 19 48 | 3 7:30P |
| 6.(6) Name of husband | or wife Mar | y E. (| Cartnail | 21. I CERTIFY that death occurred on the date about | ve stated; that I aftended dec | ceased from |
| Office of management | | 8.6 | c) If alive, give age | 19.4 | | |
| 7. Birth date of | March | 6. 1 | 272 | and that f last saw halive on | 2 3- | 19.4.2 |
| deceased (mo., day, y | (.) | | | Immediate cause of death | | DURATION |
| 8. AGE: Years | | Days | tf less than one day | , 0 | B | |
| 70 | 0 5 | 21 | hrs min. | Cerebral . | Poplety | 1 hr |
| Free | derick-F | reder | ick-Maryland | Due to arteria - 5 | clesonis | |
| 9. Birthplace | (Town, | county, and | | PAG 10 | | *************************************** |
| 10. Usual occupation | Retir | ed | | | | **** |
| | | | | Due to | | **** |
| 11. industry or business | mial W. | Summe | na | Other conditions Paraples | X Q | 15 400 |
| 12. Name Sal | | | L 😂 | Dither conditions | | U yn |
| | Marylan | | | (Include pregnancy within 3 m | nonths of death) | |
| 14. Maiden name 15. Birthplace | Zenobia | a Bar | nes | | | |
| L 14. maiuen name | Wingins | n | | Major findings of operations | | |
| | | | | | Date of op | |
| 16. Informant Mr | s. Mary | Summe: | rs | Antopsy results | | 3 |
| 132 | East St | . Fre | ederick, Md. | PHYSiCiAN: Please underline the cause to wh | | d statistically. |
| | | | | 22. VIOLENCE: If death was due to external cause | | |
| Burial | or removal. Which? | Date the | eof 8/28/48 (month) (day) (year) | Accident, suicide, or homicide | Date of | |
| | Fairw. | | emetery | Where did Injury occur?(City or town) | | |
| Cemetery or cremato | 1 7 | | *************************************** | 11 | | |
| Location | Frede | rick, | Maryland | Injured af home, farm, industry, public place (wh | nere?) | *************************************** |
| dm. F Mar. 4 | M. R. | Et ch: | ison and Son | Meens of injury | Injured at work? | |
| 1B. Funeral director | | ***************** | | 71 8 | a | 11 |
| Address | r r.ede. | rick, | Maryland | 23. SIGNATURE 60, T | Wound | XYM. D |
| 19.27- a.g. | 48 | 4 | baled D. Thel | Dona danas da Maria | | or other |
| 19. (Date rec'd by re | 19 | | Scaleth P. Hell Registrar | Address Frederick, Mar | y Land Date signer | 8-26-48 |



M. D. or other

2411 N. Charles St., Baltimore

| \ | | CERTIFICA | ATE OF DEATH | Reg. Dist. No. |
|---|--|--|--|--|
| 1. PLACE OF DEATH: County Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 8 Years Hospital, institution, or street address where death occurred: Near Buckeystown How long in hospital or institution? | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick Oity or town Adamstown-Rural (If outside city or town limits, write RURAL and give nearest town) Street No. Near Buckeystown (If rural, give LOCATION) 2.(a) If yeteran, name war. None | |
| 3. (a) FULL NAME | ALONZ | O RANDOLPH THOMAS | | 3.(b) Social Security Number None |
| 4. Sex M | 5. Color or race | 6.(a) Single , married, w idawed, or divorce d M | | AL CERTIFICATION 1 19 48 at 12 Hours |
| 8. AGE: Years 45 | y July Months 1 nstown=F | e M. Page | and that I last saw h | |
| 14. Maiden name | Frederic Ida M. Frederic s. Ollie | k County Maryland Yingling k County Maryland Thomas | Major fiediogs of operations | Date of op |
| Burial | Mount Freder M. R. | Md Rural 8/16/48 Olivet Cemetery ick, Maryland Etchison and Son ick, Maryland | 22. VIOLENCE: If death was due to ext Accident, suicide, or homicide Where did Injury occur? (City or Injured at home, farm, Industry, public industry, public industry) | ternal causes, till in the following; Date of S |

Address...

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EASE

(Date rec'd by registrar)

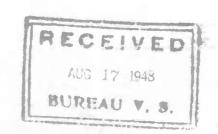
rrect age

. Supply every item of information carefully. The please write the causes of death clearly and legible

FOR BINDING

RESERVED

MARGIN



2411 N. Charles St., Baltimore

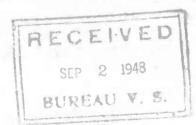
13/a

he correct age

MARGIN RESERVED FOR BINDING

A15 SA

| CERTIFICA | TE OF DEATH Reg. Diat. No. 131 | | |
|--|--|--|--|
| 1. PLACE OF DEATH: County Frederick City or term Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How spilal, institution, or street address where death occurred: Frederick Memorial Hospital How long in hospital or institution? Several Hours | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate. Maryland Frederick Cily or low. (If outside city or town limits, write RURAL and give nearest town) Slreet No. 206 West South Street (If rural, give LOCATION) NONe | | |
| 3.(a) FULL NAME WALTER ROBERT WACHTER | 3. (b) Social Security Number 220-01-0699 | | |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced M | MEDICAL CERTIFICATION 2D. DATE OF DEATH August 28 19 48 21 30P | | |
| 6.(b) Name of husband or wife Annie L. Filby 6.(c) If alive, give age 56 year 7. Birth date of deceased (mo., day, yr.) June 24, 1890 8. AGE: Years Months Days It less than one day 58 2 4 hrs. min | and that I last saw h alive on 13. The last saw h alive on 15. The last saw h alive on | | |
| 9. Birthplace Frederick County Maryland (Town, county, and state) 10. Usual occupation Blacksmith 11. Industry or business | Due to. | | |
| 12 Name Newton E. Wachter 13 Birthplace Frederick County Maryland 14 Maiden name Saville Jane Smith | Dther conditions Orderio - Selectic Cardio - (Include pregnancy within 3 months of death) | | |
| 14. Maiden name Saville Jane Smith 15. Birthplace Frederick County Maryland 16. Informant Mrs. Annie Wachter | Msjor findings of operations. Date of op. | | |
| Burial | PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | | |
| Location Frederick, Maryland M. R. Etchison and Son Address Frederick, Maryland | Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? Means of Injury Injured at work? | | |
| 19. 31 - Queg 19. 4. K Elizabeth Heiligan Registrar | 23. SIGNATURE 12. M. D. M. D. M. D. Or other Address Frederick, Maryland Date signed 8-30-48 | | |



DURATION

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131

| | | | CLICITICA | IL OF DEATH | Reg. Diat. No | |
|---|-------------------------------|-------------------------------|---|--|---|----------|
| 1. PLACE OF DEATH: County Frederick City or 10wn. Frederick-Rural (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: Emergency Hospital How long in hospital or institution? Since August 11, 1948 | | | URAL and give nearest town) | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Frederick (If outside city or town limits, write RURAL and give nearest town 508 North Bentz Street (If rural, give LOCATION) None | | |
| 3. (a) FULL NAMI | | | | | 3. (b) Social Security None | y Number |
| 4. Sex | 5. Color or race | 6.(a)Sing | e, married, widowed, o r divorced W | MEDICAL 20. DATE OF DEATHAug | certification ust 31, 1948 | 12 |
| 7. Sirih date of deceased (mo., day, y 8. AGE: Years | November 8 | 6.(| c) If allve, give agey | Immediate cause of death | 30 August 1948/ | Des |
| 9. Birthplace | None s iknown | | state) | Dther conditions | | |
| 14. Maiden name. | Unknown | Unkno | | (Include pregnancy with | Date of op | |
| Address Fr Buria (Burial, expension Cemetery or eremake Location | ederick, 1 Mount Freder M. R. | Md. Dale the Olive ick, Etchi | eof 9/2/48 (month) (day) (year) t Cemetery Maryland son and Son | Actopsy resolts. PHYSICIAN: Please ooderline the caose 22. VIOLENCE: If death was due to externs Accident, suicide, or homicide | to which death should be charge al causes, fill in the following; | (State) |
| Address | Freder | ick, | Maryland | 23. SIGNATURE BALLON | noo M.D. | |

PLAINLY, is especially

WRITE

PLEASE

(Date rec'd by registrar)

BINDING

RESERVED FOR

MARGIN

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RECEIVED

SEP 3 1948

BUREAU V. S.

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